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OVERVIEW OF NIAGARA'S HOSPITAL RESTRUCTURING STUDY AND FINAL RECOMMENDATIONS AND REPORT OF HOSPITAL STAKEHOLDER FORUMS TO INCORPORATE THE RURAL AND NORTHERN HEALTH CARE FRAMEWORK

March 25, 1998

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1 *DEVELOPMENT OF VISION STATEMENT AND PROJECT START-UP, MAY 1994 - MAY 1996*

In May 1994, a subcommittee of the Administrator's Coordinating Committee (which includes CEO representatives from each hospital in Niagara) was formed to establish terms of reference for undertaking a district-wide visioning and strategic planning exercise for the health system in Niagara. The terms of reference were accepted by all hospitals and it was agreed that Council, as an impartial planning body, should lead the study. While implementation of the strategic planning portion of the study was delayed for funding reasons, Council decided to proceed with the visioning portion of the exercise.

A special committee of Niagara citizens appointed by Council was chosen to develop a draft vision statement. This draft vision was presented to the public for feedback in February 1996. A final version was adopted by Council in May 1996. The purpose of the vision was to provide a framework for future restructuring of the health care system in Niagara. The community Vision developed for Niagara into the 21st century included a fully integrated health system, "coordinated and monitored by a local organization which will be responsible for ensuring appropriate and equitable distribution of health services across the entire region and for introducing initiatives to improve quality of care."

As the visioning process was proceeding, Council was asked by the Minister of Health in November 1995 to lead the planning for restructuring of Niagara's hospital system, as a first phase in planning for an integrated health system in Niagara. Final approval and funding to proceed with the restructuring study were received from the Ministry at the end of March 1996.

Following the submission of a revised proposal to the Ministry to undertake the hospital restructuring study, Council proceeded with the recruitment and selection of the 12-member Hospital Restruturing Steering Committee, including: 4 Consumers; 1 Hospital trustee; 1 Physician; 1 Hospital-based nurse; 1 Unionized, front-line worker; 1 Non-unionized, front-line worker; 1 Community-based health service provider; 1 Member, Community Visioning Steering Committee; and 1 Member, Niagara District Health Council. Following a district-wide recruitment process, 51 applications were received by Council's Selection Task Force. The Selection Task Force interviewed about half of the applicants and recommended membership on the Steering Committee based on experience, fit with the membership categories, availability and geographic distribution.

2 *MILESTONES IN THE HOSPITAL RESTRUCTURING STUDY, APRIL 1996 - MARCH 1997*

- Orientation of the Steering Committee, April 1996.
- Selection of a consulting firm to assist Steering Committee and project staff, May 1996.
- Development of a workplan and review of relevant background information and data, May - November 1996.
- Recruitment and selection of consumers and providers to serve on 19 subcommittees, May - July 1996.
- Steering Committee members' tour of all hospitals, June - July 1996.
- Steering Committee Chair and project staff meet with hospital boards, service clubs and community groups to present objectives of the study, May - November 1996.
- Subcommittee meetings, August - November 1996.
- **Update** newsletters, published from April 1996 - March 1997.
- Stakeholder Focus Group, October 1996.
- Human Resources/Labour Forum, November 1996.
- Release of initial report, December 1996.
- Seven public open houses held across the region, January/February, 1997. Approximately, 15,700 people attended the open houses at which 118 presentations were made.
- Public feedback on the initial report also included 1,931 calls to a special 1-800 line and 4,457 written submissions.
- Steering Committee's review of feedback and reconsideration of all original recommendations, February/March 1997.
- Steering Committee presents **Final Advice Report** to Council, March 1997.

3 *COUNCIL ACTIVITIES FOLLOWING RECEIPT OF THE STEERING COMMITTEE'S REPORT*

- Council solicits feedback from hospital boards and advisory committees of Council on Final Advice report, April 1997.
- Ministry asks Council to postpone final debate of hospital restructuring pending release of Ministry's rural health policy, May 1997.
- Council receives Ministry's Rural and Northern Health Care Framework and proceeds with the development of a process to address this policy, July/August, 1997.
- Council representatives meet with hospital CEOs and Board Chairs to discuss Council process for addressing Ministry's Rural and Northern Health Care Framework, September 1997.
- Council receives verbal feedback from hospital boards and advisory committees on the implications of the new Ministry Rural and Northern Health Care Framework, October 1997.
- Four Key Stakeholder Forums held to obtain stakeholder input on revised hospital system and governance models, October 1997 - January 1998.

4 *OUTCOME OF KEY STAKEHOLDER FORUMS HELD FROM OCTOBER 1997 - JANUARY 1998*

a) Key Stakeholder Forum #1 - October 21, 1997 - Orientation and Overview

The purpose of the first forum was to provide all key stakeholders with a common knowledge of current Ministry policy, the new planning guidelines being utilized by the Health Services Restructuring Commission and relevant background information. Stakeholders were also asked to suggest and rank criteria to be considered for the siting of hospital services.

b) Key Stakeholder Forum #2 - November, 27, 1997 - Draft Hospital System Configuration

The purpose of the second forum was to present key stakeholders with a summary of the results of the criteria ranking exercise for consideration when siting hospital services, and to obtain their suggestions regarding key factors which should influence the siting of various types of hospital beds and services, including: acute and emergency care; complex continuing care; subacute care; and inpatient rehabilitation and tertiary mental health care.

Because there was no consensus from the stakeholder group regarding the appropriate siting of hospital beds, staff developed three draft models of hospital system restructuring based on the most common feedback from the group.

c) Key Stakeholder Forum #3 - January, 14, 1998 - Finalize Hospital System Configuration

The purpose of the third forum was to present key stakeholders with the draft hospital system models for review and feedback. Three models were ultimately developed with site configurations, bed numbers, and operating and capital cost estimates. Hospital sites were designated Level A, B or C, consistent with the Ministry of Health's Rural and Northern Health Care Framework. Designations were made without the benefit of the Framework "benchmarks" still under development at the provincial level.

Model A - "Hospital Model" developed by hospital administrators from St. Catharines General and the four smaller hospitals (i.e., Douglas Memorial, Niagara-on-the-Lake, Port Colborne General and West Lincoln Memorial), proposed three Level C hospital sites located in St. Catharines, Niagara Falls and Welland. It also proposed three Level B sites in Fort Erie, Grimsby and Port Colborne with a Level A site in Niagara-on-the-Lake. In this model, the Shaver/Niagara Rehab site would expand to accommodate complex continuing care beds for St. Catharines/Thorold and 87 rehabilitation beds to meet rehab needs for all of Niagara. Tertiary psychiatric beds were left undistributed in this model.

Model B (Key Stakeholder Model #1) developed by Stakeholders at forum #2 proposed a refinement of Model A, while also being consistent with the intent of the Rural and Northern Health Care Framework. Model B proposed three Level C hospital sites located in Niagara Falls, St. Catharines and Welland. This model proposed two Level B hospital sites be located in Fort Erie and Grimsby, and two Level A hospital sites in Niagara-on-the-Lake and Port Colborne.

Model C (Key Stakeholder Model #2) proposed three Level C hospital sites be located in Niagara Falls, St. Catharines and Welland. It also proposed three Level B hospital sites be located in Fort Erie, Grimsby and Port Colborne, and one Level A hospital site in Niagara-on-the-Lake.

Both Models B and C applied all beds based on need according to population size or Health Services Restructuring Commission draft benchmarks where available. Acute bed numbers were consistent with those applied based on population needs in the "Final Advice" Report of the Hospital Restructuring Steering Committee (i.e., 585 acute care beds, excluding psychiatric beds, for the year 2001).

Both models B and C proposed the following:

- the location of acute care beds at Level B and C hospital sites.
- the location of subacute care beds at Level B and C hospital sites.
- the location of acute mental health beds at Level C hospital sites.
- consolidation of complex continuing care beds for the St. Catharines and area catchment population at the Shaver/Niagara Rehab site and distribution of complex continuing care beds to Level B and C hospital sites in Fort Erie, Grimsby, Niagara Falls and Welland.
- the location of short-term local rehabilitation beds at Level C hospital sites.
- the location of regional and long-term local rehabilitation beds at the Shaver/Niagara Rehab site (with some expansion required at Shaver site).
- the location of tertiary mental health beds at one site (tentatively at Welland site in Model B and Port Colborne site in Model C).

The model developed by the Hospital Restructuring Steering Committee in its "Final Advice" Report, with three Level C sites at Niagara Falls, St. Catharines and Welland, and supported by Primary Health Centres (or Level A hospitals) in Fort Erie, Grimsby, Niagara-on-the-Lake and Port Colborne, with one board governing all sites, was used as a backdrop for consistent model development, comparison and discussion purposes.

Given the lack of consensus at Forum #2, stakeholders were asked to discuss the models in small groups and to note the strengths and weaknesses of each model. Small groups presented their

feedback to the larger group at the end of this session. While worksheets were provided to each small group to facilitate discussion and feedback on the models, not all groups chose to follow the suggested outline. As a result, the small group feedback appears limited and is inconsistent in terms of highlighting the strengths and weaknesses of the proposed draft models. Therefore, along with copies of stakeholders' notes, a staff summary has been prepared to reflect the most common feedback and some key comments from stakeholders, as follows:

- Model B (Key Stakeholder Consultation Model #1) was preferred by more groups than were the other models. Model C (Key Stakeholder Consultation Model #2) was the next most preferred model.

- A few groups noted that critical mass is important in terms of the cost-effective provision of services and maintaining an appropriate level of specialty care in the larger sites. It was noted that although some of the smaller hospitals will continue to provide acute inpatient beds under the proposed models, residents of smaller communities will continue to access larger centres for some of their primary and secondary level care, and all of their tertiary level care.

- Groups also noted that the need to provide services in the smaller communities, e.g., Port Colborne and Niagara-on-the-Lake, must be balanced with the need to maintain critical mass for secondary and tertiary care at the larger sites.

- One group noted that consideration should be given to the anticipated economic impact and transportation issues for smaller communities which may end up without inpatient beds. It was also noted that Ministry benchmarks will ultimately determine whether these communities should retain inpatient beds.

- Several groups noted that the location of secondary- and tertiary-level outpatient programs cannot be isolated from inpatient beds.

- One group noted that the proposed system size in Final Advice does not fit with the Commission's planning guidelines.

- A few groups noted that the proposed location of tertiary mental health beds in Port Colborne (Model C) may not make sense; some said it could "marginalize" these patients. Instead these beds should be located in a larger centre, or perhaps be distributed among the three proposed Level C hospital sites.

- One group noted that it preferred Model C because it provided good access, critical mass, the least disruption to communities and appeared to fit with Ministry policy.

- One group noted the following: consider designating two Level C sites in Niagara (at St. Catharines and Welland) as an interim step toward the establishment of one Level C+ site in a central location. In addition, there should be three Level B hospitals (Grimsby, Fort Erie and Niagara Falls) and two Level A hospitals (Niagara-on-the-Lake and Port Colborne).

- One group noted that complex continuing care beds should be located at acute hospital sites and not be consolidated at a separate chronic hospital site.

Based on stakeholder feedback, it appears as if Model B had the most support as an additional option for Council's consideration and debate, along with the Final Advice of the Hospital Restructuring Steering Committee (March 1997).

The proposed distribution and cost of hospital activity associated with Model B and Final Advice are attached in the following charts as follows:

CHART #1 - MODEL B: Proposed Distribution of Niagara Hospital Activity in 2001 (page 11)

CHART #2 - MODEL B: Estimated Annual Operating Costs (with St. Catharines' bed complement at St. Catharines General Hospital site) (page 13)

CHART #3 - MODEL B: Estimated Capital Costs by Major Site (with St. Catharines' bed complement at St. Catharines General Hospital site) (page 13)

CHART #4 - MODEL B: Estimated Annual Operating Costs (with St. Catharines' bed complement at Hotel Dieu Hospital site) (page 14)

CHART #5 - MODEL B: Estimated Capital Costs by Major Site (with St. Catharines' bed complement at Hotel Dieu Hospital site) (page 14)

CHART #6 - FINAL ADVICE OF THE HOSPITAL RESTRUCTURING STEERING COMMITTEE: Revised Proposed Distribution of Niagara Hospital Activity in 2001 (page 15)

CHART #7 - FINAL ADVICE OF THE HOSPITAL RESTRUCTURING STEERING COMMITTEE: Revised Estimated Annual Operating Costs (page 16)

CHART #8 - COMPARISON OF OPERATING COST ESTIMATES: 1995/96 Actual, 1997/98 Budgeted, "FINAL ADVICE" and MODEL B (page 17)

CHART #9 - COMPARISON OF CAPITAL COST ESTIMATES for "FINAL ADVICE" and MODEL B (page 18)

Please refer to the agenda packages distributed for these stakeholder forums and notes of these forums for more detailed information.

CHART #1
MODEL B ("KEY STAKEHOLDER CONSULTATION MODEL #1"):
PROPOSED DISTRIBUTION OF NIAGARA HOSPITAL ACTIVITY IN 2001

BED TYPE	1997/98 PROJECTION	NIAGARA TOTAL	ST. CATHARINES	FT. ERIE	GRIMSBY	NIAGARA FALLS	NOTL	PORT COLBORNE	SHAVER/ NIAGARA REHAB	WELLAND
Acute care (excl. psych.)	**763**	**584[1]**	**Level C 265**	**Level B 33**	**Level B 33**	**Level C 131**	**Level A**	**Level A**	**-**	**Level C 122**
Psych. beds	**71[7]**	**78[2]**	**40**	**-**	**-**	**22**	**-**	**-**	**-**	**16**
Total acute	***834***	***662***	***305***	***33***	***33***	***153***	**-**	**-**	**-**	***138***
Sub-acute care	**-**	**88[3]**	**40**	**5**	**5**	**20**	**-**	**-**	**-**	**18**
Complex Continuing Care	**332**	**240[4]**	**-**	**16**	**13**	**45**	**-**	**-**	**116**	**50**
Rehab.	**22**	**77[5]**	**18**	**-**	**-**	**10**	**-**	**-**	**42**	**7**
Tertiary psych. beds	**-**	**60[6]**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**60**
Total Beds	**1,188[7]**	**1,127**	**363**	**54**	**51**	**228**	**-**	**-**	**158**	**273**
Bed capacity	**1,819**	**1,819**	**371 - SCGH 223 - HDH**	**91**	**101**	**310**	**36**	**130**	**124**	**433**
% use of available beds	**65%**	**62%**	**98% if at SCGH 163% if at HDH**	**59%**	**50%**	**73.5%**	**0%**	**0%**	**127%**	**63%**
ICU/CCU Beds (incl.above)	**-**	**60[8]**	**21**	**-**	**3**	**18**	**-**	**-**	**-**	**18**
Paediatric Beds (incl. above)	**-**	**52[9]**	**20**	**-**	**-**	**17**	**-**	**-**	**-**	**15**
Equivalent Operating Room Requirements										
Ambulatory Procedures (Same Day Surgery)		**17.7**	**5.2**	**1.0**	**1.0**	**5.2**	**1.0**	**1.0**	**-**	**3.3**
Inpatient ORs		**12.4**	**4.7**	**-**	**1.0**	**3.4**	**-**	**-**	**-**	**3.3**
Total Equivalent Rooms		**30.1**	**9.9**	**1.0**	**2.0**	**8.6**	**1.0**	**1.0**	**-**	**6.6**

BED TYPE	1997/98 PROJECTION	NIAGARA TOTAL	ST. CATHARINES	FT. ERIE	GRIMSBY	NIAGARA FALLS	NOTL	PORT COLBORNE	SHAVER/ NIAGARA REHAB	WELLAND
Projected Outpatient Activity										
Emergency Visits		**235,000**	**80,000**	**20,000**	**20,000**	**50,000**	**5,000**	**20,000**	-	**40,000**
Med/Surg Clinic Visits		**188,000**	**40,000**	**10,000**	**10,000**	**30,000**	**3,000**	**5,000**	**65,000**	**25,000**
Day/Night Care Visits		**78,000**	**40,000**	-	-	**18,000**	-	-	-	**20,000**

Projected Ambulatory Procedure Volumes[A]								
Niagara Total	*St. Catharines*	*Ft. Erie*	*Grimsby*	*Niagara Falls*	*NOTL*	*Port Colborne*	*Shaver/ Niag. Rehab*	*Welland*
33,000	*11,500*[B]	*1,500*[C]	*1,500*[C]	*9,000*[B]	*1,000*[D]	*1,000*[D]	-	*7,500*[B]

NOTES:

1. Projected total volume of acute beds from the Final Advice of the Hospital Restructuring Steering Committee. Bed requirements based on projected needs to 2001. Total number of beds has been revised to allow for lower expected occupancy rates in small hospitals. Projected demand is age (by 5-year age group), gender, Patient Service Group and level of care specific and it builds in growth to 2001 and the repatriation of services.
2. HSRC planning guideline to 2000, i.e., 21 acute mental health beds/100,000 pop. aged 15+ (21 x 3.74 = 78).
3. HSRC planning guideline of 0.14 sub-acute care beds/1,000 age standardized pop.
4. HSRC planning guideline of 7 complex continuing care beds/1,000 pop. aged 75+ (7 x 34.25 = 240).
5. HSRC planning guideline of 20 rehabilitation beds/100,000 total pop., excluding transition to independent care spaces, i.e., 18 regional beds (4 x 4.59 = 18) and 69 short and long-term local beds (15 x 4.59 = 69). In a recent report on Hamilton the Health Services Restructuring Commission included all 18 regional beds allocated for Niagara in Hamilton. However, given that Niagara is currently providing specialized rehab. for a portion of the patients projected to received specialized inpatient rehab. care, i.e., trauma, acquired brain injury and amputees, it is proposed that Niagara make a case for siting at least 8 of the 18 regional rehab. beds in Niagara.
6. HSRC planning guideline to 2000, i.e., 16 tertiary mental health beds/100,000 pop. aged 15+ (16 x 3.74 = 60). A recent report of the HSRC for Hamilton indicated that tertiary MH beds would be repatriated to Niagara.
7. Source: 1997/98 Niagara Hospital Operating Plans. Please note that, since the submission of the Hospital Operating Plans, Council's Mental Health Advisory Committee has determined that the total number of actual acute mental health beds in service varies from 57 - 63 beds depending if it is a weekend or weekday.
8. Total and distribution based on Steering Committee's projected ICU/CCU bed requirements.
9. Total and distribution based on Steering Committee's projected paediatric bed requirements.

A Please note that the type and volume of ambulatory procedures at the Level A hospitals will be confirmed/established by the medical staff.
B Each of these hospital sites are assumed to operate their OR theatres 247 days per year, (i.e., 5 days per week, less stat. holidays).
C Each of these hospital sites is assumed to operate a single OR for an average of 3 days per week.
D Each of these hospital sites is assumed to use a single OR for an average of 2 days per week.

The resulting rounded total number of ambulatory procedures to be accommodated is 33,000.

CHART #2
MODEL B: ESTIMATED ANNUAL OPERATING COSTS
(with St. Catharines' bed complement at St. Catharines General Hospital site)

Hospital	Estimated Annual Operating Costs (in millions of dollars)		
	Hospital	Sub-acute beds	Site Total
Shaver/Niagara Rehab	$ 21.1	$ -	$ 21.1
Douglas Memorial	$ 9.5	$ 0.4	$ 9.9
West Lincoln Memorial	$ 9.4	$ 0.4	$ 9.8
Niagara-on-the-Lake	$ 1.7	$ -	$ 1.7
Greater Niagara General	$ 53.4	$ 1.4	$ 54.8
Port Colborne General	$ 3.1	$ -	$ 3.1
Hotel Dieu	$ -	$ -	$ -
St. Catharines General	$ 89.9	$ 2.9	$ 92.8
Welland County General	$ 55.9	$ 1.3	$ 57.2
Total	**$ 244.0**	**$ 6.4**	**$ 250.4**

CHART #3
MODEL B: ESTIMATED CAPITAL COSTS, BY MAJOR SITE:
(with St. Catharines' bed complement at St. Catharines General Hospital site)

Major Site	New	Renovation	Total
St. Catharines General	$ 13,517,418	$ 27,474,160	$ 40,991,578
Welland County General	$ 10,362,595	$ 6,367,703	$ 16,730,299
Greater Niagara General	$ 9,691,275	$ 2,321,760	$ 12,013,035
Hotel Dieu	$ -	$ -	$ -
Other sites[1]	$ 12,000,000	$ 3,000,000	$ 15,000,000
Total	**$ 45,571,288**	**$ 39,163,623**	**$ 84,734,912**

1. *From capital cost estimates developed for "other sites", as noted in "Final Advice", plus a $12 million estimate for expanding the Shaver site to accommodate 34 additional beds.*

CHART #4
MODEL B: ESTIMATED ANNUAL OPERATING COSTS
(with St. Catharines' bed complement at Hotel Dieu Hospital site)

Hospital	Estimated Annual Operating Costs (in millions of dollars)		
	Hospital	Sub-acute beds	Site Total
Shaver/Niagara Rehab	$ 21.1	$ -	$ 21.1
Douglas Memorial	$ 9.5	$ 0.4	$ 9.9
West Lincoln Memorial	$ 9.4	$ 0.4	$ 9.8
Niagara-on-the-Lake	$ 1.7	$ -	$ 1.7
Greater Niagara General	$ 53.4	$ 1.4	$ 54.8
Port Colborne General	$ 3.1	$ -	$ 3.1
Hotel Dieu	$ 86.3	$ 2.9	$ 89.2
St. Catharines General	$ -	$ -	$ -
Welland County General	$ 55.9	$ 1.3	$ 57.2
Total	**$ 240.4**	**$ 6.4**	**$ 246.8**

CHART #5
MODEL B: ESTIMATED CAPITAL COSTS, BY MAJOR SITE:
(with St. Catharines' bed complement at Hotel Dieu Hospital site)

Major Site	New	Renovation	Total
St. Catharines General	$ -	$ -	$ -
Welland County General	$ 10,362,595	$ 6,367,703	$ 16,730,299
Greater Niagara General	$ 9,691,275	$ 2,321,760	$ 12,013,035
Hotel Dieu	$ 76,616,194	$ 1,626,338	$ 78,242,531
Other sites[1]	$ 12,000,000	$ 3,000,000	$ 15,000,000
Total	**$ 108,670,064**	**$ 13,315,801**	**$ 121,985,865**

1. From capital cost estimates developed for "other sites", as noted in "Final Advice", plus a $12 million estimate for expanding the Shaver site to accommodate 34 additional beds.

CHART #6
FINAL ADVICE OF THE HOSPITAL RESTRUCTURING STEERING COMMITTEE: REVISED PROPOSED DISTRIBUTION OF NIAGARA HOSPITAL ACTIVITY IN 2001

Bed Type	1996/97 Projection	Niagara Total	SCGH	DMH	WLM	GNGH	NOTL	PCGH	Shaver/ Niagara Rehab	WCGH
Acute care	904	682	271	-	-	233	-	-	-	178
Chronic care	407	327	75	40	40	51	-	-	46	75
Rehab.	22	78	-	-	-	-	-	-	78	-
Transitional care	-	85	25	10	10	20	-	-	-	20
Total Beds	1,333	1,172	371	50	50	304	-	-	124	273
% use of available beds	-	-	100%	55%	50%	98%	0%	0%	100%	76%
ICU/CCU Beds (incl .above)	-	60	24	-	-	18	-	-	-	18
Paediatric Beds (incl. above)		52	20	-	-	17	-	-	-	15
Equivalent Operating Room Requirements										
Ambulatory Procedures (Same Day Surgery)		**17.7**	**5.2**	**1.0**	**1.0**	**5.2**	**1.0**	**1.0**	-	**3.3**
Inpatient ORs		**12.4**	**5.7**	-	-	**3.4**	-	-	-	**3.3**
Total Equivalent Rooms		**30.1**	**10.9**	**1.0**	**1.0**	**8.6**	**1.0**	**1.0**	-	**6.6**
Projected Outpatient Activity										
Emergency visits		**235,000**	**80,000**	**20,000**	**20,000**	**50,000**	**5,000**	**20,000**	-	**40,000**
Med/Surg Clinic Visits		**188,000**	**40,000**	**10,000**	**10,000**	**30,000**	**3,000**	**5,000**	**65,000**	**25,000**
Day/Night Care Visits		**78,000**	**40,000**	-	-	**18,000**	-	-	-	**20,000**

Note: Values in tables have been rounded. Acute care beds include psychiatry.

Projected Ambulatory Procedure Volumes[A]								
NIAGARA TOTAL	*SCGH*	*DMH*	*WLM*	*GNGH*	*NOTL*	*PCGH*	*Shaver/ Niag. Rehab*	*WCGH*
33,000	*11,500*[B]	*1,500*[C]	*1,500*[C]	*9,000*[B]	*1,000*[D]	*1,000*[D]	-	*7,500*[B]

A Please note that the type and volume of ambulatory procedures in Primary Health Centres will be confirmed/established by the medical staff.

B Each of these hospital sites are assumed to operate their OR theatres 247 days per year, (i.e., 5 days per week, less stat. holidays).

C Each of these two hospital and Primary Health Centre sites is assumed to operate a single OR for an average of 3 days per week.

D Each of these two Primary Health Centre sites is assumed to use a single OR for an average of 2 days per week.

CHART #7
FINAL ADVICE OF THE HOSPITAL RESTRUCTURING STEERING COMMITTEE: REVISED ESTIMATED ANNUAL OPERATING COSTS

These operating cost estimates were revised for the Final Advice and reflect the new cost benchmarks, a redistribution of chronic and transitional care beds and an advanced life support role for the Primary Health Centres.

Hospital site/ Community	**Estimated Annual Operating Cost** (in millions of dollars)			
	Hospital	**Primary Health Centre**	**Transitional Beds**	**Site Total**
Shaver/Niagara Rehab	$ 19.2	$ -	$ -	$ 19.2
Douglas Memorial	$ 2.9	$ 3.1	$ 0.4	$ 6.4
West Lincoln Memorial	$ 2.9	$ 3.0	$ 0.4	$ 6.3
Niagara-on-the-Lake	$ -	$ 1.5	$ -	$ 1.5
Greater Niagara General	$ 58.0	$ -	$ 0.8	$ 58.8
Port Colborne	$ -	$ 2.6	$ -	$ 2.6
St. Catharines General	$ 94.2	$ -	$ 1.0	$ 95.2
Welland County General	$ 51.9	$ -	$ 0.8	$ 52.7
Total	**$ 229.1**	**$ 10.2**	**$ 3.4**	**$ 242.7**

REVISED CAPITAL COST ESTIMATES IN FINAL ADVICE:

Please note that the revisions refer to changes made as a result of Steering Committee's revisions to recommendations as contained in Final Advice report (in millions of dollars)

Area of Expenditure	Original configuration	New configuration
St. Catharines General site	$ 28.4	$ 39.3*
Greater Niagara General site	$ 40.3**	$ 39.6*
Welland County General site	$ 26.2	$ 14.7*
Other sites	$ 1.5	$ 3.0***
Total	**$ 96.4**	**$ 96.6**

* *Please note that the capital cost estimates for the new configuration have been revised to reflect the re-distribution of chronic and transitional care beds from the Welland County General, Douglas Memorial and West Lincoln Memorial Hospital sites to the St. Catharines General and Greater Niagara General Hospital sites.*

** *Please note that initial published costs for the Greater Niagara General site were based on an incorrect estimate of the currently available space. The correct amount for the original configuration should have been $33.2 million as it reflected a reduction in required new construction.*

*** *Please note that revised capital costs for other sites are estimates only.*

CHART #8

COMPARISON OF OPERATING COST ESTIMATES - 1995/96 Actual, 1997/98 Budgeted, "FINAL ADVICE", and MODEL B - (in millions of dollars)

Area of Expenditure	1995-96 Actual	1997-98 Budgeted	"Final Advice"	Model B - Key Stakeholder Model #1	
				SCGH	HDH
Hospital costs*	$ 262.4	$ 247.1	$ 229.0	$ 250.4	$ 246.8
Geriatric Day Hospital programs	-	$ -	$ 2.3	$ 2.3[1]	$ 2.3[1]
Hospital System Sub-Total **	**$ 262.4**	**$ 247.1**	**$ 231.3**	**$ 252.7**	**$ 249.1**
% Savings from 95/96		6%	11.9%	3.6%	5.0%
Primary Health Centres	$ -	$ -	$ 10.2	$ -	$ -
Transitional care Beds	$ -	$ -	$ 3.4	$ -	$ -
Geriatric Services	$ -	$ -	$ 2.6	$ 2.6[1]	$ 2.6[1]
Marginal Home Care	$ -	$ -	$ 2.2	$ 4.4[2]	$ 4.4[2]
Pre-hospital EHS	$ -	$ -	$ 1.9	$ 1.9[1]	$ 1.9[1]

(Continued next page)

Area of Expenditure	1995-96 Actual	1997-98 Budgeted	"Final Advice"	Model B - Key Stakeholder Model #1	
				SCGH	HDH
Palliative Care	$ -	$ -	$ 1.5	$ 1.5[1]	$ 1.5[1]
Non-hospital reinvestments Sub-total	**$ -**	**$ -**	**$ 21.8**	**$ 10.4**	**$ 10.4**
Total costs	**$ 262.4**	$ 247.1	$ 253.1	$ 263.1	$ 259.5

* Total costs. MOH allocation represented about 82% of total actual costs in '95/96 and about 79% of total budgeted costs in '97/98.

** Model B sub-total costs reflect anticipated 11% increase in demand for services in 2001, anticipated greater acuity of patients being cared for, and as noted, costs of geriatric day hospital programs.

1. It is assumed that all models will include a range of community reinvestments, as recommended in Final Advice.
2. Based on draft HSRC guideline for estimating Home Care reinvestment requirements to offset marginal impact of hospital restructuring.

CHART #9
COMPARISON OF CAPITAL COST ESTIMATE FOR "FINAL ADVICE" and MODEL B - (in millions of dollars)

Area of Expenditure	"Final Advice"	Model B - Key Stakeholder Model #1	
		SCGH	HDH
St. Catharines General site	$ 39.3	$ 40.9	$ -
Greater Niagara General site	$ 39.6	$ 12.0	$ 12.0
Welland County General site	$ 14.7	$ 16.7	$ 16.7
Hotel Dieu site	$ -	$ -	$ 78.2
Other sites	$ 3.0	$ 15.0	$ 15.0
Total[1]	**$ 96.6**	**84.7**	**$ 121.9**

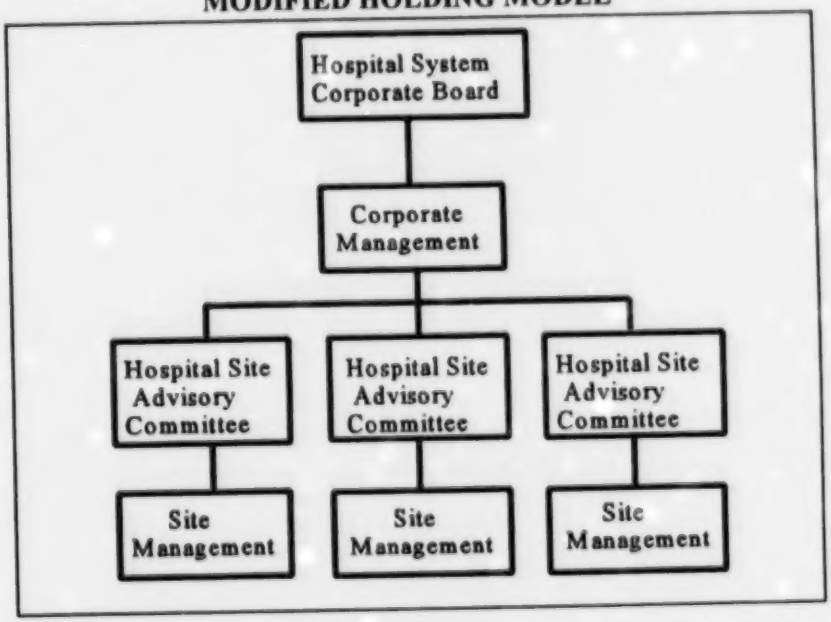
1. Capital costs associated with expanding the Shaver site are estimated at $12 million to accommodate an additional 34 beds. To allow a more direct compatison with "Final Advice", costs for locating tertiary mental health beds at the Welland site have not been included as it was not a component of the "Final Advice" report.

d) Key Stakeholder Forum # 4 - January 29, 1998 - Develop Governance Model for Hospital System

The purpose of the fourth forum was to discuss governance options for the Niagara hospital system. A paper entitled Background Information for Discussion of Hospital Governance was prepared by staff and distributed to the key stakeholders prior to the forum. At the forum, each table was asked to work through each of four prototype governance models (the Consortium, Parent Holding Company, Modified Holding and Corporate models). The tables were then asked to design a preferred model for Niagara's hospital system. Of the eight tables at the forum, seven completed the second task. (One table was unable to achieve consensus on a preferred model).

Five of the seven tables (or just over 70% of those completing the task) preferred some version of the Modified Holding Model which is illustrated below.

MODIFIED HOLDING MODEL



In terms of the organization of hospital site advisory committees, three of the five tables preferring this model suggested that these committees should exist at every hospital site. The remaining two of the five tables preferring this model suggested some form of clustering of the hospital site advisory committees. An example of such clustering provided by one table is having three advisory committees for hospital sites primarily providing acute care services in the St. Catharines, Niagara Falls and Welland areas, and a fourth advisory committee for hospital sites primarily providing regional, longer term services (e.g., chronic/complex continuing care, longer term rehabilitation and longer term mental health).

Two of the tables preferring the Modified Holding model discussed medical staff organization. They suggested that this Model lends itself to a regional Medical Advisory Committee (MAC). In addition, according to which version of this model was preferred, it was also suggested that local MAC's should exist either at each hospital site or at the level of each advisory group cluster. These more local MAC's would report to the regional MAC.

Two of the seven tables (or just under 30% of those completing the task) preferred models with more than one corporate board. One table presented two corporate boards (for Niagara North and Niagara South). The other suggested three corporate boards (for the St. Catharines, Niagara Falls and Welland areas). The tables preferring multi-corporate board models focused their discussions almost exclusively on hospitals which primarily provide acute care services. The governance of hospitals providing regional, longer term care was not addressed at all by one table and was only superficially considered by the other.

5 *CHANGING PROVINCIAL CONTEXT SINCE RELEASE OF THE FINAL ADVICE IN MARCH 1997*

Since the release of the Final Advice Report of the Hospital Restructuring Steering Committee in March 1997, three provincial initiatives have been released which required modification of some of the recommendations contained in the Report. These three initiatives are the Rural and Northern Health Care Framework of the Ministry of Health, the Interim Planning Guidelines and Implementation Strategies of the Health Services Restructuring Commission, and the Commission's Hamilton-Wentworth Restructuring Report. Relevant planning guidelines from each of these initiatives were considered in the Key Stakeholder Forums.

a) Rural and Northern Health Care Framework

In June 1997, the Ministry of Health released the Rural and Northern Health Care Framework, which provided broad guidelines to district health councils, hospitals and the Ministry in planning for the restructuring of hospital services. The Framework was followed by the release of Draft Planning Guidelines in July 1997 and Planning Guidelines in December 1997. Benchmarks to be utilized in the implementation of the Framework and Guidelines have yet to be released.

In general, the objective of the Framework is to ensure that all rural and northern hospitals are formally linked with larger full service hospitals as part of regional networks, and that they provide, at a minimum, 24-hour access to basic emergency services. In addition, the Framework encourages rural and northern hospitals to achieve efficiencies and better co-ordination through shared clinical and support services, medical staff, management and governance structure.

The Framework provides for the designation of rural and northern hospitals according to the services to be offered and the level of emergency care to be provided, as follows:

Level A: would provide 24-hour emergency services, with physician access during the day and nursing staff trained in advanced life supports at night. The hospital may or may not have inpatient beds and may have one or more 24-hour observation beds.

Level B: as in level A and would provide an on-call or on-site physician for emergency services. The hospital would have acute inpatient beds for general medical and general surgical patients and family medicine facilities.

Level C: a full-service hospital with 24-hour emergency services provided by on-site physicians. These hospitals would provide more advanced technological and diagnostic capabilities

and specialty programs such as cardiac care, level II obstetrics, paediatrics, orthopaedics, acute psychiatric services and rehabilitation. Each regional network of hospitals would contain at least one Level C hospital.

Level D: a highly specialized hospital providing tertiary and quaternary care within the five academic health science centres in Hamilton, Kingston, London, Ottawa and Toronto. Level D hospitals would be expected to work with the regional networks to improve access to specialty services.

b) Interim Planning Guidelines and Implementation Strategies

This discussion paper was released by the Health Services Restructuring Commission in July, 1997 to provide an overview of a series of projects undertaken on home care, long term care, sub-acute care, rehabilitation, and mental health. These projects resulted in the establishment of planning guidelines and benchmarks to allow for greater certainty in determining future capacity and service levels (resource requirements) and/or reinvestments required.

The analysis of home care focused on its use following an acute inpatient episode, and specifically on the substitution of home care for convalescence in the hospital, and how this may change due to hospital restructuring and the shortened lengths of stay that result.

The purpose of the long term care analysis was to develop a planning model that identified total need for long term care. The role of chronic care hospitals and units was redefined so that, in the future, they will focus on caring only for "clinically complex" patients in redefined complex continuing care beds. Remaining long term care needs were addressed by the concept of long term care "places" (which include long term care beds) in the community.

Sub-acute care was defined as "a discrete level of service for patients who do not require acute services but who do require separate and distinct goal-oriented inpatient services, such as skilled therapy or nursing care, on a short-term basis, to regain function and return home. "Sub-acute" care replaces "transitional" care in the Commission's terminology.

The purpose of the rehabilitation analysis was to develop policy and guidelines to guide decisions related to the sizing and delivery of institution-based rehabilitation. Rehabilitation programs were re-categorized from general and special to local (short and long term) and regional.

Mental health analysis focused on the development of acute and long term planning targets to be used for hospital-based mental health care. The establishment of Regional Mental Health Agencies as interim bodies with responsibility to restructure all mental health services and to manage a protected envelope of funding was encouraged. Further work was suggested on establishing appropriate planning targets for child and adolescent mental health beds.

c) Hamilton-Wentworth Health Services Restructuring Report

The Health Services Restructuring Commission Report on Hamilton-Wentworth Health Services Restructuring was released in November, 1997. Three sections of the Report dealing with regional rehabilitation services, longer-term mental health, and child and adolescent mental health warrant consideration by Niagara.

In terms of regional rehabilitation services, the Report recommends that Hamilton-Wentworth provide this service for much of the central west planning region, including Niagara. However, at the Key Stakeholder Forums, there was general agreement that the Niagara Rehab site was already providing many of the services described in this category and should continue to do so.

When discussing longer-term mental health, the Report states:

> *Although current practice patterns indicate that the Niagara region utilizes longer-term mental health beds in Hamilton, the Health Services Restructuring Commission is recommending that these be relocated to the Niagara Region. According to planning guidelines, the Niagara region would require 53 longer-term mental health beds. Examination of recent cases indicates that Niagara would be able to support this complement of longer-term mental health beds....The Health Services Restructuring Commission will determine the location of beds that are to be allocated from Hamilton to Niagara when it studies services there.*

Council has sent a letter to the Commission endorsing this relocation of longer-term mental health beds.

In the area of child and adolescent mental health, the Report recommends 40 beds for all of Central West, with Niagara's share being 8 beds. Seventeen of the total 40 beds relate directly to populations served by the Hamilton hospital system. The Health Services Restructuring Commission will determine the location of the remaining 23 beds (including Niagara's share of 8 beds) when it studies services in the remaining areas of Central West.

Council has sent a letter to the Commission requesting that Niagara's 8 child and adolescent mental health beds be located here in Niagara.

d) Modification of some of the recommendations from the Final Advice Report of the Hospital Restructuring Steering Committee

As noted earlier, the release of the three provincial initiatives just discussed necessitated modification of some of the recommendations from the Final Advice Report. Input for these modifications was received from the Key Stakeholder Forums, the Long Term Care Advisory Committee and the Mental Health Advisory Committee.

In all, 17 recommendations from the Final Advice Report remained unchanged and 12 were extended or modified. Seven recommendations from the Report were dropped and 10 new recommendations were added. The status of each recommendation now being submitted is presented in italics in the following section and actual changes from the recommendations in the Final Advice Report are bolded for easy identification.

6 *RECOMMENDATIONS FROM "FINAL ADVICE" AND AS MODIFIED BY THE KEY STAKEHOLDER FORUMS ON THE RURAL AND NORTHERN HEALTH CARE FRAMEWORK AND INPUT FROM THE LONG TERM CARE AND MENTAL HEALTH ADVISORY COMMITTEES*

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
GOVERNANCE	**GOVERNANCE**
1. It is recommended that all existing hospitals in Niagara be merged into a single entity.	*This recommendation is the same as that in "Final Advice".* 1. It is recommended that all existing hospitals in Niagara be merged into a single entity.
2. It is recommended that a single governance structure be established for this new entity.	*This recommendation is extended from that in "Final Advice", as indicated. The source of the extension is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.* 2. It is recommended that a single governance structure be established for this new entity **with one hospital system corporate board and advisory committees at each hospital site**.
3. It is recommended that the new governing body select a CEO and ensure that an appropriate management structure for the new entity is established.	*This recommendation is the same as that in "Final Advice".* 3. It is recommended that the new governing body select a CEO and ensure that an appropriate management structure for the new entity is established.

.../Continued

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
	This recommendation has been slightly modified from that in "Final Advice", as indicated. The term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board" and board membership categories have been expanded. The source of the modification is input from the Long Term Care Advisory Committee.
4. It is recommended that the Niagara District Health Council immediately seek Ministry of Health funding to establish an advisory group with a mandate to recommend the membership categories and selection process for the proposed Niagara Hospital and Primary Health Centre Governing Board, ensuring that this entity is structured to reflect and respond to the hospital and primary health care needs of all Niagara residents. Membership on this advisory group should include appropriate representation from both consumers and providers from across Niagara, including a labour perspective. Membership on the new board of governors should bring people with the appropriate skill sets, an understanding of regional health care needs and a variety of perspectives, reflecting the cultural, linguistic, religious, gender and socio-economic makeup of the communities served by the restructured hospital system.	4. It is recommended that the Niagara District Health Council immediately seek Ministry of Health funding to establish an advisory group with a mandate to recommend the membership categories and selection process for the proposed Niagara Hospital Governing Board, ensuring that this entity is structured to reflect and respond to the **acute, long term, and tertiary mental health care** hospital needs of all Niagara residents. Membership on this advisory group should include appropriate representation from both consumers and providers from across Niagara, including a labour perspective. Membership on the new board of governors should bring together people with the appropriate skill sets, an understanding of regional health care needs and a variety of perspectives, reflecting the cultural, linguistic, religious, gender and socio-economic makeup of the communities served by the restructured hospital system.
	This recommendation is the same as that in "Final Advice", with the exception that the term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board".
5. It is recommended that the proposed Niagara Hospital and Primary Health Centre Governing Board, working with the Ministry of Health and the Office of the Public Guardian and Trustee and in consultation with donors and Niagara communities, receive advice on how it will honour hospital donations targeted for specific purposes and develop a plan for the appropriate transition of Niagara hospital foundations, affirming the role of local auxiliaries and foundations in ensuring that local contributions are directed to addressing local health care needs.	5. It is recommended that the proposed Niagara Hospital Governing Board, working with the Ministry of Health and the Office of the Public Guardian and Trustee and in consultation with donors and Niagara communities, receive advice on how it will honour hospital donations targeted for specific purposes and develop a plan for the appropriate transition of Niagara hospital foundations, affirming the role of local auxiliaries and foundations in ensuring that local contributions are directed to addressing local health care needs.

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
ACUTE CARE	**ACUTE CARE**
	This recommendation has been modified from that in "Final Advice", as indicated. The source of the modification is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.
6. It is recommended that acute care services be consolidated from the current eight sites to three sites.	6. It is recommended that acute care services be consolidated from the current eight sites to **seven sites**.
	This recommendation has been modified from that in "Final Advice", as indicated. Bed numbers have been attached to the recommendation that are lower for level C hospitals than those envisioned in "Final Advice" because acute beds are now also recommended for level B hospitals. The source of the modification is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.
7. It is recommended that, in the restructured hospital system, acute care should be located in: • Niagara Falls, at the Greater Niagara General Hospital site; • St. Catharines, at the St. Catharines General Hospital site; • Welland, at the Welland County General Hospital site.	7. It is recommended that, in the restructured hospital system, **level C acute care** should be located in: • Niagara Falls, at the Greater Niagara General Hospital site, **with 153 total acute care beds**; • St. Catharines, at the St. Catharines General Hospital site, **with 305 total acute care beds**; and • Welland, at the Welland County General Hospital site, **with 138 total acute care beds**.
	*This is a **NEW** recommendation which extends the number of sites providing acute care beds to level B hospitals. The source of this recommendation is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.*
	8. It is recommended that level B acute care should be located in: • **Fort Erie, at the Douglas Memorial Hospital site, with 33 total acute care beds; and** • **Grimsby, at the West Lincoln Memorial Hospital site, with 33 total acute care beds.**

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
	*This is a **NEW** recommendation which addresses the question of siting acute care beds in level A hospital sites. The source of this recommendation is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.* **9. It is recommended that level A hospital sites have no acute care beds. These sites should be located in:** • **Niagara-on-the-Lake, at the Niagara-on-the-Lake Hospital site; and** • **Port Colborne, at the Port Colborne General Hospital site.**
23. It is recommended that the Emergency Health Services Branch of the Ministry of Health expedite the training of at least 30 additional Niagara-based level 2 (full) paramedics and fund the costs of at least 5 additional ambulance vehicles to ensure that all Niagara communities have 24-hour, level 2 paramedic coverage in place prior to the restructuring of hospital services.	*This recommendation is the same as that in "Final Advice".* 10. It is recommended that the Emergency Health Services Branch of the Ministry of Health expedite the training of at least 30 additional Niagara-based level 2 (full) paramedics and fund the costs of at least 5 additional ambulance vehicles to ensure that all Niagara communities have 24-hour, level 2 paramedic coverage in place prior to the restructuring of hospital services.
8. It is recommended that the proposed Niagara Hospital and Primary Health Centre Governing Board monitor the hospital utilization patterns of the residents of Niagara and consider whether it is necessary to realign any programs to ensure that adequate capacity exists at all the hospital and Primary Health Centre sites.	*This recommendation is the same as that in "Final Advice", with the exception that the term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board".* 11. It is recommended that the proposed Niagara Hospital Governing Board monitor the hospital utilization patterns of the residents of Niagara and consider whether it is necessary to realign any programs to ensure that adequate capacity exists at all the hospital sites.
REGIONAL PROGRAMS	**REGIONAL PROGRAMS**
9. It is recommended that the proposed Niagara Hospital and Primary Health Centre Governing Board and the Niagara District Health Council work with Hamilton-based referral centres and planning partners to develop and enhance linkages to hospital and Primary Health Centre sites in the Niagara region for tertiary level care, research, continuing education of Niagara health care personnel and the training of medical residents.	*This recommendation is extended from that in "Final Advice", as indicated. The source of the extension is input from the Long Term Care Advisory Committee. The term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board", and "enhance linkages to hospital and Primary Health Centre sites"* 12. It is recommended that **a full spectrum of Niagara health service providers including** the proposed Niagara Hospital Governing Board and the Niagara District Health Council work with Hamilton-based referral centres and planning partners to develop and enhance linkages to hospital sites in the Niagara region for tertiary level care, research, continuing education of Niagara health care personnel and the training of medical residents.

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
	This recommendation is the same as that in "Final Advice", with the exception that the term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board".
10. It is recommended that the Niagara District Health Council and the proposed Niagara Hospital and Primary Health Centre Governing Board work together, in conjunction with the Hamilton Regional Cancer Centre and other planning partners, to plan the delivery of cancer services to meet the priority needs of cancer patients in Niagara, ensuring reasonable access to a coordinated and integrated system of preventive, diagnostic, treatment and palliative programs and services, including radiation therapy.	13. It is recommended that the Niagara District Health Council and the proposed Niagara Hospital Governing Board work together, in conjunction with the Hamilton Regional Cancer Centre and other planning partners, to plan the delivery of cancer services to meet the priority needs of cancer patients in Niagara, ensuring reasonable access to a coordinated and integrated system of preventive, diagnostic, treatment and palliative programs and services, including radiation therapy.
CHRONIC & TRANSITIONAL CARE	**COMPLEX CONTINUING AND SUB-ACUTE CARE**
	This recommendation has been modified from that in "Final Advice" by dropping complex continuing care beds from the St. Catharines General hospital site and by listing recommended hospital sites and bed numbers, as indicated. This recommendation responds to the Health Services Restructuring Commission's Interim Planning Guidelines. The source of this recommendation is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.
15. It is recommended that complex continuing care services be distributed across the region in six sites, including the provision of chronic care beds in the three acute sites and three additional sites.	14. It is recommended that complex continuing care services be distributed across the region **in the following five sites:** • **Shaver Hospital/Niagara Rehab site, with 116 beds;** • **Greater Niagara General Hospital site, with 45 beds;** • **Welland County General Hospital site, with 50 beds ;** • **Douglas Memorial Hospital site, with 16 beds; and** • **West Lincoln Memorial Hospital site, with 13 beds.**

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
16. It is recommended that transitional care beds be established throughout Niagara to accommodate the needs of these non-acute patients in an appropriate setting.	*This recommendation has been modified from that in "Final Advice" by substituting the term "sub-acute" for the term "transitional" and by listing the recommended hospital sites (which are the same as those envisioned in "Final Advice") and bed numbers, as indicated. This recommendation responds to the Health Services Restructuring Commission's Interim Planning Guidelines.* 15. It is recommended that **sub-acute care beds** be distributed across the region **in the following five sites with acute care beds**: • **St. Catharines General Hospital site, with 40 beds;** • **Greater Niagara General Hospital site, with 20 beds;** • **Welland County General Hospital site, with 18 beds;** • **Douglas Memorial Hospital site, with 5 beds; and** • **West Lincoln Memorial Hospital site, with 5 beds.**
17. It is recommended that, In the restructured Niagara hospital system, chronic care beds should be located: • At the three acute care sites, as well as in: • Fort Erie, at the Douglas Memorial Hospital site, and in • Grimsby, at the West Lincoln Memorial Hospital site, and in • St. Catharines, at the Niagara Rehab/Shaver site.	*This recommendation has been **DELETED** because there are no longer designated chronic care beds. It has been replaced with Recommendation #14 above.*
18. It is recommended that Geriatric Day Hospital programs be established at the Shaver Hospital site, the Greater Niagara General Hospital site, and the Welland County General Hospital site.	*This recommendation is the same as that in "Final Advice" with the exception that Shaver Hospital site has been changed to Shaver Hospital/Niagara Rehab site for internal consistency.* 16. It is recommended that Geriatric Day Hospital programs be established at the Shaver Hospital/Niagara Rehab site, the Greater Niagara General Hospital site, and the Welland County General Hospital site.

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
REHABILITATION	**REHABILITATION**
19. It is recommended that rehabilitation beds be consolidated in one site.	*This is a NEW recommendation which places local short term rehabilitation beds in the three level C hospital sites. This recommendation responds to the Health Services Restructuring Commission's Interim Planning Guidelines. The source of this recommendation is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.* **17. It is recommended that, in the restructured hospital system, local short term rehabilitation beds should be located at the following three sites:** • **St. Catharines General Hospital site, with 18 beds;** • **Greater Niagara General Hospital site, with 10 beds; and** • **Welland County General Hospital site, with 7 beds.**
20. It is recommended that in the restructured Niagara hospital system, inpatient rehabilitation beds should be consolidated in St. Catharines at the Niagara Rehab/Shaver Hospital site.	*This is a NEW recommendation which places local long term and regional rehabilitation beds at the Shaver Hospital/Niagara Rehab site. This recommendation responds to the Health Services Restructuring Commission's Interim Planning Guidelines. The source of this recommendation is the Key Stakeholder Forums on the Rural and Northern Health Care Framework.* 18. **It is recommended that 34 local long term and 8 regional rehabilitation beds be consolidated in St. Catharines at the Shaver Hospital/Niagara Rehab site.**
PRIMARY HEALTH CENTRES	--
21. It is recommended that Primary Health Centres be established in those communities where the sole local acute care hospital is recommended to no longer provide acute care services.	*This recommendation has been **DELETED** because concept of Primary Health Centres has been replaced by the Rural and Northern Health Care Framework designated hospital levels for rural hospitals.*
22. It is recommended that the proposed Primary Health Centres have the capacity of providing a range of services, including the assessment, stabilization, treatment and transfer of emergency cases, 24-hours/day, 7 days/week, and that this capability is in place prior to the restructuring of hospital services.	*This recommendation has been **DELETED** because concept of Primary Health Centres has been replaced by the Rural and Northern Health Care Framework designated hospital levels for rural hospitals.*

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
24. It is recommended that the Primary Health Centres have the capability of providing a range of services up to 24 hours per day, seven days/week, and the capacity to hold patients for monitoring. The term used to describe these Centres and the specific services to be provided at each of them should be determined by the proposed Niagara Hospital and Primary Health Centre Governing Board, based on the needs of local communities. However, the range of services to be considered should include the following: • *Advanced life support services*, including the stabilization and transport of emergency patients, and definitive care for patients requiring care within the competency of a primary care physician, nurse practitioner, or emergency room nurse with expanded role; • Walk-in clinics for non life- or limb-threatening illnesses or injuries, such as fractures, fever and other childhood illnesses/injuries; • A holding area for patient monitoring up to 23 hours; • Diagnostic services, including lab, x-ray and electrocardiogram (ECG); • Regularly scheduled physician visits; • Pre- and post-natal care only; • Ambulatory surgery which can be done under a local anaesthetic; • Ambulatory specialist clinics, such as chiropody, that can serve the region; • Ambulatory therapeutic services, including rehabilitation for cardiac and respiratory patients, as well as physiotherapy, occupational therapy, etc.; • Case coordination and management with the appropriate protocols and information systems in place; • Pre-admission care, such as pre-operative testing and education, and post-operative follow-up care; • A venue for other community-based health and social service programs, such as health promotion, education and prevention-related clinics; individual and group counselling for high risk behaviour; support groups, etc.; • A health information phone line; • Linkages to the district's Community Care Access Centre (CCAC) to facilitate access to appropriate long term care services; • Linkages to nearby hospitals to support the provision of specialized services locally.	*This recommendation has been **DELETED** because concept of Primary Health Centres has been replaced by the Rural and Northern Health Care Framework designated hospital levels for rural hospitals.*

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
LONGER TERM/TERTIARY MENTAL HEALTH CARE	**LONGER TERM/TERTIARY MENTAL HEALTH CARE**
11. It is recommended that the proposed Niagara Hospital and Primary Health Centre Governing Board consider the appropriate distribution of repatriated specialty mental health resources based on population needs, critical mass and access to services.	*This is a NEW recommendation which responds to the Health Services Restructuring Commission's initial report on Hamilton-Wentworth. The source of this recommendation is input from the Mental Health Advisory Committee and the Key Stakeholder Forums on the Rural and Northern Health Care Framework.* 19. **It is recommended that 53 tertiary mental health beds be relocated from Hamilton to Niagara and that a new tertiary mental health program be developed.**
	This is a NEW recommendation which responds to the Health Services Restructuring Commission's initial report on Hamilton-Wentworth. The source of this recommendation is input from the Mental Health Advisory Committee. 20. **It is recommended that consideration be given to independent governance of the new tertiary mental health program so that it can become a stepping stone to a horizontally integrated mental health authority which would oversee community, acute and tertiary mental health programs and services in Niagara.**
	This is a NEW recommendation which responds to the Health Services Restructuring Commission's initial report on Hamilton-Wentworth. The source of this recommendation is input from the Mental Health Advisory Committee. 21. **It is recommended that consideration be given to a broad range of management and program and service models in developing the new tertiary mental health program and that a "Request for Proposals" be called for management of the program.**
	This is a NEW recommendation which responds to the Health Services Restructuring Commission's initial report on Hamilton-Wentworth. The source of this recommendation is input from the Mental Health Advisory Committee. 22. **It is recommended that the new tertiary mental health service be located in one of the following sites:** • **In Port Colborne, at the Port Colborne General Hospital site;** • **In Welland, at the Welland County General Hospital site; or** • **In St. Catharines, at the Hotel Dieu Hospital site.**

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
WORKFORCE ADJUSTMENT	**WORKFORCE ADJUSTMENT**
13. It is recommended that the Niagara District Health Council immediately seek Ministry of Health funding to establish an advisory group with a mandate to develop a regional hospital work force adjustment strategy that will ensure fair and equitable treatment of health care personnel during hospital restructuring. This advisory group should be formed without delay and membership should reflect labour, management and physician perspectives.	*This recommendation is the same as that in "Final Advice".* 23. It is recommended that the Niagara District Health Council immediately seek Ministry of Health funding to establish an advisory group with a mandate to develop a regional hospital work force adjustment strategy that will ensure fair and equitable treatment of health care personnel during hospital restructuring. This advisory group should be formed without delay and membership should reflect labour, management and physician perspectives.
14. It is recommended that, during the development of a regional work force adjustment strategy, the advisory group of the Niagara District Health Council consider as much as possible the value of maintaining teams of specialized health care personnel.	*This recommendation is the same as that in "Final Advice".* 24. It is recommended that, during the development of a regional work force adjustment strategy, the advisory group of the Niagara District Health Council consider as much as possible the value of maintaining teams of specialized health care personnel.
REINVESTMENTS	**REINVESTMENTS**
25. It is recommended that the necessary reinvestments in non-hospital services be made as a pre-requisite to implementation of the proposed restructuring plan.	*This recommendation is extended from that in "Final Advice" to include actual reinvestment requirements. The source of this extension is input from the Long Term Care Advisory Committee.* 25. It is recommended that the necessary reinvestments in non-hospital services be made as a pre-requisite to implementation of the proposed restructuring plan, as follows: • **Geriatric Day Hospital Programs - $2.3 million;** • **Geriatric Services - $2.6 million;** • **Home Care - $4.4 million;** • **Pre-Hospital EHS - $1.9 million; and** • **Palliative Care - $1.5 million.**
26. It is recommended that the necessary investments in capital construction and renovation projects be made as a pre-requisite to implementation of the proposed restructuring plan.	*This recommendation is extended from that in "Final Advice" to include the actual reinvestment requirement. The source of this extension is the Key Stakeholder Forums on the Rural and Northern Health Care Framework. A $12 million estimate for Shaver Hospital site expansion has been added to the original $72.7 million total.* 26. It is recommended that the necessary investments in capital construction and renovation projects of **$84.7 million** be made as a pre-requisite to implementation of the proposed restructuring plan.

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
27. It is recommended that none of the recommendations pertaining to specific hospital restructuring occur until recommended strategic reinvestments have been made.	*This recommendation is the same as that in "Final Advice".* 27. It is recommended that none of the recommendations pertaining to specific hospital restructuring occur until recommended strategic reinvestments have been made.
	This is a NEW recommendation dealing specifically with home care, associated caregivers and community supports. The source of this recommendation is input from the Long Term Care Advisory Committee. 28. **It is recommended that, in accordance with the Health Services Restructuring Commision's interim planning guidelines and as noted in recommendation #25, required reinvestments be made in post-acute home care services to offset the impact of hospital restructuring. Additional reinvestments are also needed for associated caregivers and community supports.**
	This is a NEW recommendation dealing specifically with long term care places. The source of this recommendation is input from the Long Term Care Advisory Committee. 29. **It is recommended that, in accordance with preliminary Health Service Restructuring Commission interim planning guidelines, resources be reinvested for a minimum of 1,872 additional long term care places, including 468 additional long term care facility beds along with the associated required rehabilitation supports.**
28. It is recommended that the Ministry of Health approve the proposal of the Niagara Regional Palliative Care Services Steering Committee to establish 20 hospice beds in Niagara and reinvest annual operating funds of $1.5 million, a portion of the total estimated annual costs of $2.49 million required to improve palliative care, out of the savings resulting from hospital restructuring.	*This recommendation has been slightly modified from that in "Final Advice", as indicated. This modification has been made to provide internal consistency for the recommendations in this section.* 30. It is recommended that the Ministry of Health approve the proposal of the Niagara Regional Palliative Care Services Steering Committee to establish 20 hospice beds in Niagara and reinvest annual operating funds **as noted in recommendation #25.**

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
	This recommendation has been extended, as indicated, to address the needs of persons unable to use a traditional shuttle service and the term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board". The source of the extension is input from the Long Term Care Advisory Committee.
29. It is recommended that, in consultation with the proposed Niagara Hospital and Primary Health Centre Governing Board, the Ministry of Health allocate an appropriate level of funding to operate a shuttle service among hospital sites to ensure that residents from all municipalities have adequate access to all levels of hospital care. It is essential that a feasibility study is completed and resources to support the operation of this service are in place before any restructuring of hospital services occurs.	31. It is recommended that, in consultation with the proposed Niagara Hospital Governing Board, the Ministry of Health allocate an appropriate level of funding to operate a shuttle service among hospital sites to ensure that residents from all municipalities have adequate access to all levels of hospital care. It is essential that a feasibility study be completed and resources to support the operation of this service be in place before any restructuring of hospital services occurs. **The shuttle service should work closely with the Mobility Niagara Transportation Committee to develop cost-effective solutions to transportation for those with special transportation needs to allow them access to hospital and community-based health services.**
OTHER RECOMMENDATIONS	**FRENCH LANGUAGE SERVICES**
	This recommendation is the same as that in "Final Advice", with the exception that the term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board".
30. It is recommended that the proposed Niagara Hospital and Primary Health Centre Governing Board consider the provision of French language services at all hospital and Primary Health Centre sites, where this is appropriate and consistent with the Niagara District Health Council's French Language Services Plan.	32. It is recommended that the proposed Niagara Hospital Governing Board consider the provision of French language services at all hospital sites, where this is appropriate and consistent with the Niagara District Health Council's French Language Services Plan.
IMPLEMENTATION ISSUES	**IMPLEMENTATION ISSUES**
	This recommendation is the same as that in "Final Advice", with the exception that the term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board".
32. It is recommended that, during the implementation phase of the proposed restructuring of hospital services, the proposed Niagara Hospital and Primary Health Centre Governing Board must ensure that there are minimal disruptions in the continuity of service for all hospital programs and services.	33. It is recommended that, during the implementation phase of the proposed restructuring of hospital services, the proposed Niagara Hospital Governing Board ensure that there are minimal disruptions in the continuity of service for all hospital programs and services.

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
	This recommendation has been extended, as indicated, to include information systems in community health services. The source of this extension is input from the Long Term Care Advisory Committee.
31. It is recommended that a regional health information and communication technology needs assessment and planning study should be conducted as an integral component of the implementation of the restructuring plan.	34. It is recommended that a regional health information and communication technology needs assessment and planning study should be conducted as an integral component of the implementation of the restructuring plan. **The study should incorporate information systems development within community health services and, particularly, in long term care facilities as appropriate linkages with hospital information systems.**
IMPACT ON COMMUNITY-BASED SERVICES	**IMPACT ON COMMUNITY-BASED SERVICES**
	This recommendation is the same as that in "Final Advice", with the exception that the term "Primary Health Centre" has been dropped from "Niagara Hospital and Primary Health Centre Governing Board".
33. It is recommended that the proposed Niagara Hospital and Primary Health Centre Governing Board work with the Niagara District Health Council, the Children's Developmental Assessment Service, the Autism Consultation Service and local representatives from the Ministry of Community and Social Services to develop alternative arrangements for the provision of these services should the implementation of hospital restructuring impact their current locations.	35. It is recommended that the proposed Niagara Hospital Governing Board work with the Niagara District Health Council, the Children's Developmental Assessment Service, the Autism Consultation Service and local representatives from the Ministry of Community and Social Services to develop alternative arrangements for the provision of these services should the implementation of hospital restructuring impact their current locations.
	This recommendation is the same as that in "Final Advice".
34. It is recommended that any regional or municipal authority which is responsible for the control and/or funding of health-related services in Niagara be held accountable for ensuring that provincial standards of care are maintained or improved and that these standards are consistent across the region, as appropriate.	36. It is recommended that any regional or municipal authority which is responsible for the control and/or funding of health-related services in Niagara be held accountable for ensuring that provincial standards of care are maintained or improved and that these standards are consistent across the region, as appropriate.
STUDY METHODOLOGY	**ADDITIONAL STUDY REQUIRED**
	This recommendation is the same as that in "Final Advice".
35. It is recommended that the Niagara District Health Council commence planning for an integrated health care delivery system in Niagara within the next two years.	37. It is recommended that the Niagara District Health Council commence planning for an integrated health care delivery system in Niagara within the next two years.

RECOMMENDATIONS FROM FINAL ADVICE	MODIFIED RECOMMENDATIONS
	This recommendation is the same as that in "Final Advice".
36. It is recommended that a provincially-mandated body, such as the Joint Policy and Planning Committee (JPPC) of the Ontario Hospital Association (OHA) and the Ministry of Health, conduct an analysis of current per capita health care funding levels across the province that will account for differences in access to health services (including hospital services), the age and sex distribution of a population, and any other factors, such as the availability of community health services and family physicians, that may contribute to variations in the utilization of health services. We further recommend that this analysis be completed prior to any restructuring of hospital services in Niagara.	38. It is recommended that a provincially-mandated body, such as the Joint Policy and Planning Committee (JPPC) of the Ontario Hospital Association (OHA) and the Ministry of Health, conduct an analysis of current per capita health care funding levels across the province that will account for differences in access to health services (including hospital services), the age and sex distribution of a population, and any other factors, such as the availability of community health services and family physicians, that may contribute to variations in the utilization of health services. We further recommend that this analysis be completed prior to any restructuring of hospital services in Niagara.
FUNDING ISSUES	**FUNDING ISSUES**
	This recommendation is the same as that in "Final Advice".
38. It is recommended that the Ministry of Health ensure that 100% of the capital costs required to implement hospital restructuring in Niagara are borne by the province.	39. It is recommended that the Ministry of Health ensure that 100% of the capital costs required to implement hospital restructuring in Niagara are borne by the province.
37. It is recommended that the Provincial Government terminate its plan to reduce funding to hospitals in the 1998/99 fiscal year.	*This recommendation has been **DELETED** because this has already been accomplished.*
IMPACT ON LOCAL ECONOMY	
12. It is recommended that, during the formulation of a Rural Health Policy, the Ministry of Health consider the economic implications of hospital closures in smaller communities which are located in urbanized regions such as Niagara.	*This recommendation has been **DELETED** because the Rural and Northern Health Policy has already been formulated.*

7 *RECOMMANDATIONS DES « CONSEILS DÉFINITIFS », AU DÉPART ET TELLES QUE MODIFIÉES PAR LES TRIBUNES DES INTERVENANTS CLÉS CONCERNANT LE PLAN VISANT L'ACCÈS AUX SERVICES DE SANTÉ DANS LES COLLECTIVITÉS RURALES ET DU NORD ET À LA LUMIÈRE DES COMMENTAIRES EXPRIMÉS PAR LE COMITÉ CONSULTATIF SUR LES SOINS DE LONGUE DURÉE ET PAR LE COMITÉ CONSULTATIF SUR LES SERVICES DE SANTÉ MENTALE*

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
GOUVERNANCE	**GOUVERNANCE**
1. On recommande que tous les hôpitaux actuels de la région de Niagara soient fusionnés en une entité unique.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».* 1. On recommande que tous les hôpitaux actuels de la région de Niagara soient fusionnés en une entité unique.
2. On recommande qu'une structure de gouvernance unique soit établie pour cette nouvelle entité.	*Cette recommandation a été développée à partir de la recommandation des « conseils définitifs », telle que citée. L'ajout provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord.* 2. On recommande qu'une structure de gouvernance unique soit établie pour cette nouvelle entité, **mais qu'il y ait un conseil d'administration du réseau hospitalier ainsi que des comités consultatifs dans chaque établissement.**
3. On recommande que le nouvel organisme d'administration choisisse un président-directeur général et fasse en sorte qu'une structure de gestion appropriée soit créée pour la nouvelle entité.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».* 3. On recommande que le nouvel organisme d'administration choisisse un président-directeur général et fasse en sorte qu'une structure de gestion appropriée soit créée pour la nouvelle entité.

suite à la page suivante...

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
	Cette recommandation a été modifiée légèrement par rapport à celle des « conseils définitifs », telle que citée. *On a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration du nouvel Hôpital et centre de soins de santé primaires de Niagara », et l'on a précisé* *les catégories des membres du nouveau conseil d'administration. La modification provient du Comité consultatif sur les soins de longue durée.*
4. On recommande que le Conseil régional de santé de Niagara demande immédiatement, au ministère de la Santé, des fonds pour l'établissement d'un groupe consultatif ayant pour mandat de recommander les catégories de membres et le processus de sélection pour le conseil d'administration du nouvel Hôpital et centre de soins de santé primaires de Niagara dont l'établissement est proposé, ceci dans le but de faire en sorte que cette entité soit dotée d'une structure lui permettant de tenir compte des besoins de tous les résidents de Niagara en matière de services hospitaliers et de soins de santé primaires, et d'y répondre. La composition de ce groupe consultatif devrait comprendre une représentation convenable d'usagers et de prestateurs à travers la région de Niagara, y compris des intervenants du mouvement syndical. Le nouveau conseil d'administration devrait regrouper des personnes ayant les compétences appropriées, une compréhension des besoins régionaux en matière de soins de santé et des perspectives très différentes reflétant la diversité des communautés que le réseau hospitalier restructuré desservira, du point de vue des cultures, des langues, des religions, de la répartition des sexes et du profil socio-économique.	4. On recommande que le Conseil régional de santé de Niagara demande immédiatement, au ministère de la Santé, des fonds pour l'établissement d'un groupe consultatif ayant pour mandat de recommander les catégories de membres et le processus de sélection pour le conseil d'administration du nouvel Hôpital de Niagara dont l'établissement est proposé, ceci dans le but de faire en sorte que cette entité soit dotée d'une structure lui permettant de tenir compte des besoins de tous les résidents de Niagara en matière de **soins hospitaliers actifs et de longue durée et de soins hospitaliers tertiaires de santé mentale**. La composition de ce groupe consultatif devrait comprendre une représentation convenable d'usagers et de prestateurs à travers la région de Niagara, y compris des intervenants du mouvement syndical. Le nouveau conseil d'administration devrait regrouper des personnes ayant les compétences appropriées, une compréhension des besoins régionaux en matière de soins de santé et des perspectives très différentes reflétant la diversité des communautés que le réseau hospitalier restructuré desservira, du point de vue des cultures, des langues, des religions, de la répartition des sexes et du profil socio-économique.
	Cette recommandation est la même qu'on retrouve dans les « conseils définitifs », à cela près qu'on a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ».
5. On recommande que le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, oeuvrant en collaboration avec le ministère de la Santé et le Bureau du curateur public général, et en consultation avec les donateurs et les communautés de Niagara, reçoive des conseils concernant la façon dont il pourra faire respecter les conditions rattachées aux dons faits aux hôpitaux et destinés à des usages particuliers, et pourra élaborer également un plan pour la transition opportune des fondations des hôpitaux de Niagara. Il s'agirait notamment d'affirmer le rôle des fondations et des organisations de bénévoles locales en s'assurant que les contributions locales sont consacrées à la satisfaction des besoins locaux en matière de soins de santé.	5. On recommande que le conseil d'administration de l'Hôpital de Niagara, dont l'établissement est proposé, oeuvrant en collaboration avec le ministère de la Santé et le Bureau du curateur public général, et en consultation avec les donateurs et les communautés de Niagara, reçoive des conseils concernant la façon dont il pourra faire respecter les conditions rattachées aux dons faits aux hôpitaux et destinés à des usages particuliers, et pourra élaborer également un plan pour la transition opportune des fondations des hôpitaux de Niagara. Il s'agirait notamment d'affirmer le rôle des fondations et des organisations de bénévoles locales en s'assurant que les contributions locales sont consacrées à la satisfaction des besoins locaux en matière de soins de santé.

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
SOINS ACTIFS	**SOINS ACTIFS**
	Cette recommandation a été modifiée par rapport à celle des « conseils définitifs », telle que citée. La modification provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord.
6. On recommande que les services de soins actifs soient consolidés et ne soient offerts qu'à trois établissements, au lieu des huit institutions où l'on en fait la prestation actuellement.	6. On recommande que les services de soins actifs soient consolidés et ne soient offerts qu'à **sept établissements**, au lieu des huit institutions où l'on en fait la prestation actuellement.
	Cette recommandation a été modifiée par rapport à celle des « conseils définitifs », telle que citée. On a attaché à la recommandation des nombres de lits qui, pour les hôpitaux de niveau C, sont plus bas que les niveaux envisagés dans les « conseils définitifs » car ces nombres sont maintenant recommandés pour les hôpitaux de niveau B également. La modification provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord.
7. On recommande que dans le réseau hospitalier restructuré, les soins actifs soient offerts à : • Niagara Falls, à l'emplacement de l'Hôpital général du grand Niagara; • St. Catharines, à l'emplacement de l'Hôpital général de St. Catharines; et • Welland, à l'emplacement de l'Hôpital général de Welland.	7. On recommande que dans le réseau hospitalier restructuré, les soins actifs **de niveau C** soient offerts à : • Niagara Falls, à l'emplacement de l'Hôpital général du grand Niagara, **avec 153 lits de soins actifs au total**; • St. Catharines, à l'emplacement de l'Hôpital général de St. Catharines, **avec 305 lits de soins actifs au total**; et • Welland, à l'emplacement de l'Hôpital général de Welland, **avec 138 lits de soins actifs au total**.
	Cette recommandation, qui est NOUVELLE, ajoute quelques hôpitaux de niveau B au nombre d'établissements offrant des lits de soins actifs. Cette recommandation provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord. **8. On recommande que les soins actifs de niveau B soient offerts dans les établissements suivants :** • **Fort Erie, à l'emplacement de l'Hôpital Douglas Memorial, avec 33 lits de soins actifs au total; et** • **Grimsby, à l'emplacement de l'Hôpital West Lincoln Memorial, avec 33 lits de soins actifs au total.**

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
	Cette recommandation, qui est NOUVELLE, porte sur la question du déplacement des lits de soins actifs qui se trouvent actuellement dans les hôpitaux de niveau A. Cette recommandation provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord. **9. On recommande que les établissements hospitaliers de niveau A n'aient pas de lits de soins actifs. Les lits de soins actifs qui s'y trouvent actuellement devraient être déplacés aux endroits suivants :** • **Niagara-on-the-Lake, à l'Hôpital de Niagara-on-the-Lake; et** • **Port Colborne, à l'Hôpital général de Port Colborne.**
23. On recommande que la Direction des services de santé d'urgence du ministère de la Santé assure la formation d'au moins 30 autres techniciens médicaux d'urgence de niveau 2 (formation complète) pour travailler dans la région de Niagara, et que la Direction paie également les frais d'au moins cinq ambulances supplémentaires, le tout pour faire en sorte que toutes les communautés de Niagara disposent, jour et nuit, de services de techniciens médicaux de niveau 2 et ce, avant la restructuration des services hospitaliers.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs »* 10. On recommande que la Direction des services de santé d'urgence du ministère de la Santé assure la formation d'au moins 30 autres techniciens médicaux d'urgence de niveau 2 (formation complète) pour travailler dans la région de Niagara, et que la Direction paie également les frais d'au moins cinq ambulances supplémentaires, le tout pour faire en sorte que toutes les communautés de Niagara disposent, jour et nuit, de services de techniciens médicaux de niveau 2 et ce, avant la restructuration des services hospitaliers.
8. On recommande que le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, surveille le profil des utilisations des services hospitaliers chez les résidents de Niagara, et se penche sur la question de savoir si un rajustement de certains programmes s'impose pour qu'une capacité suffisante soit disponible à tous les emplacements de l'Hôpital et centre de soins de santé primaires de Niagara.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs », à cela près qu'on a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ».* 11. On recommande que le conseil d'administration de l'Hôpital de Niagara, dont l'établissement est proposé, surveille le profil des utilisations des services hospitaliers chez les résidents de Niagara, et se penche sur la question de savoir si un rajustement de certains programmes s'impose pour qu'une capacité suffisante soit disponible à tous les emplacements de l'Hôpital et centre de soins de santé primaires de Niagara.

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
PROGRAMMES RÉGIONAUX	**PROGRAMMES RÉGIONAUX**
	Cette recommandation a été développée à partir de la recommandation des « conseils définitifs », telle que citée. L'ajout provient des commentaires faits par le Comité consultatif sur les soins de longue durée. On a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ».
9. On recommande que le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, travaille avec les centres d'orientation et les partenaires de planification à Hamilton pour mettre au point et améliorer des liaisons avec les établissements de l'Hôpital et centre de soins de santé primaires de Niagara, ceci dans le but d'assurer des soins tertiaires, la recherche, la formation permanente du personnel du secteur des soins de santé à Niagara et la formation des médecins résidents.	12. On recommande **qu'un éventail complet d'organismes prestateurs de services de santé dans la région de Niagara, y compris** le conseil d'administration de l'Hôpital Niagara dont l'établissement est proposé et le Conseil régional de santé de Niagara, travaille avec les centres d'orientation et les partenaires de planification à Hamilton pour mettre au point et améliorer des liaisons avec les établissements hospitaliers de la région de Niagara, ceci dans le but d'assurer des soins de niveau D, la recherche, la formation permanente du personnel du secteur des soins de santé à Niagara et la formation des médecins résidents.
	Cette recommandation est la même qu'on retrouve dans les « conseils définitifs », à cela près qu'on a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ».
10. On recommande que le Conseil régional de santé de Niagara et le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, travaille en collaboration avec le Centre régional d'oncologie de Hamilton et avec d'autres partenaires de la planification, afin de planifier la prestation des services d'oncologie pour répondre aux besoins prioritaires des personnes atteintes du cancer à Niagara en assurant l'accès raisonnable à un réseau coordonné et intégré de programmes et services de prévention, de diagnostic, de traitement et de soins palliatifs, y compris la radiothérapie.	13. On recommande que le Conseil régional de santé de Niagara et le conseil d'administration de l'Hôpital de Niagara, dont l'établissement est proposé, travaille en collaboration avec le Centre régional d'oncologie de Hamilton et avec d'autres partenaires de la planification, afin de planifier la prestation des services d'oncologie pour répondre aux besoins prioritaires des personnes atteintes du cancer à Niagara en assurant l'accès raisonnable à un réseau coordonné et intégré de programmes et services de prévention, de diagnostic, de traitement et de soins palliatifs, y compris la radiothérapie.

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
SOINS POUR MALADES CHRONIQUES ET SOINS DE TRANSITION	**SOINS COMPLEXES CONTINUS ET SUBACTIFS**
	On a modifié cette recommandation par rapport à celle des « conseils définitifs » en supprimant les lits de soins complexes continus à l'Hôpital général de St. Catharines et en énumérant les emplacements hospitaliers et les nombres de lits recommandés, tels qu'indiqués. Cette recommandation donne suite aux directives provisoires de planification de la Commission de restructuration des services de santé. La recommandation provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord.
15. On recommande que des services complexes de soins continus soient distribués à travers la région, en six établissements. Entre autres, on devra fournir des lits de soins pour malades chroniques dans les trois établissements de soins actifs et dans trois autres établissements.	14. On recommande que dans le réseau hospitalier restructuré, des services complexes de soins continus soient distribués à travers la région, **dans les cinq établissements suivants :** • **Hôpital Shaver / emplacement de Niagara Rehab, avec 116 lits;** • **Hôpital général du grand Niagara, avec 45 lits;** • **Hôpital général du comté de Welland, avec 50 lits;** • **Hôpital Douglas Memorial, avec 16 lits; et** • **Hôpital West Lincoln Memorial, avec 13 lits.**
	On a modifié cette recommandation par rapport à celle des « conseils définitifs » en remplaçant le terme « de transition » par le terme « subactifs » et en énumérant les établissements hospitaliers recommandés (qui sont les mêmes que les établissements envisagés dans les « conseils définitifs ») ainsi que les nombres de lits, tels qu'indiqués. Cette recommandation donne suite aux directives provisoires de planification de la Commission de restructuration des services de santé.
16. On recommande que des lits de soins de transition soient établis partout dans la région de Niagara, pour répondre, dans un milieu approprié, aux besoins des clients qui n'aient plus besoin de soins actifs.	15. On recommande que des lits de soins **pour malades subaigus** soient établis partout dans la région **dans les cinq établissements suivants ayant des lits de soins actifs :** • **Hôpital général de St. Catharines, avec 40 lits;** • **Hôpital général du grand Niagara, avec 20 lits;** • **Hôpital général du comté de Welland, avec 18 lits;** • **Hôpital Douglas Memorial, avec 5 lits; et** • **Hôpital West Lincoln Memorial, avec 5 lits.**

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
17. On recommande que dans le réseau hospitalier de Niagara, tel que restructuré, les lits de soins pour malades chroniques se trouvent : • aux trois établissements de soins actifs; • à Fort Erie, à l'emplacement de l'Hôpital Douglas Memorial; • à Grimsby, à l'emplacement de l'Hôpital West Lincoln Memorial; et • à St. Catharines, à l'emplacement de l'établissement Niagara Rehab/Shaver.	*Cette recommandation a été SUPPRIMÉE parce qu'il n'y plus de lits désignés pour les malades chroniques. La recommandation a été remplacée par la recommandation 14 ci-dessus.*
18. On recommande que des programmes hospitaliers gériatriques de jour soient établis à l'emplacement de l'Hôpital Shaver, de l'Hôpital général du grand Niagara et de l'Hôpital général du comté de Welland.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs », à cela près que dans le but d'assurer l'uniformité interne du texte des recommandations , on a mis l'expression « Hôpital Shaver / Niagara Rehab » à la place de l'expression « Hôpital Shaver ».* 16. On recommande que des programmes hospitaliers gériatriques de jour soient établis à l'emplacement de l'Hôpital Shaver / Niagara Rehab, de l'Hôpital général du grand Niagara et de l'Hôpital général du comté de Welland.
RÉADAPTATION	**RÉADAPTATION**
19. On recommande que les lits de réadaptation soient consolidés dans un établissement unique.	*Cette recommandation est NOUVELLE. Elle prévoit l'implantation des <u>lits de réadaptation de courte durée</u> locaux dans les trois emplacements hospitaliers de niveau C, et donne suite ainsi aux directives provisoires de planification de la Commission de restructuration des services de santé. Cette recommandation provient des tribunes des intervenants clés concernant le cadre des soins de santé en milieu rural et dans le Nord.* **17. On recommande que dans le réseau hospitalier restructuré, les lits de réadaptation de courte durée locaux soient implantés dans les trois établissements suivants :** • **Hôpital général de St. Catharines, avec 18 lits;** • **Hôpital général du grand Niagara, avec 10 lits; et** • **Hôpital général du comté de Welland, avec 7 lits.**

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
	Cette recommandation est NOUVELLE. Elle prévoit l'implantation des lits locaux de soins de longue durée et des lits régionaux de réadaptation dans l'emplacement de l'Hôpital Shaver / Niagara Rehab, et donne suite ainsi aux directives provisoires de planification de la Commission de restructuration des services de santé. Cette recommandation provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord.
20. On recommande que dans le réseau hospitalier restructuré de Niagara, les lits de réadaptation pour malades hospitalisés soient consolidés à St. Catharines, à l'emplacement de l'Hôpital Rehab / Shaver de Niagara.	**18. On recommande que 34 lits locaux de soins de longue durée et 8 lits régionaux de réadaptation soient consolidés à St. Catharines, dans l'emplacement de l'Hôpital Shaver / Niagara Rehab.**
CENTRES DE SOINS DE SANTÉ PRIMAIRES	—
21. On recommande que des centres de soins de santé primaires soient établis dans les collectivités où l'on recommande que le seul hôpital local de soins actifs ne fournisse plus de services de soins actifs.	*Cette recommandation a été SUPPRIMÉE parce qu'on a remplacé le concept des centres de soins de santé primaires par les niveaux de soins hospitaliers désignés pour les hôpitaux ruraux dans le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord..*
22. On recommande que les centres de soins de santé primaires dont l'établissement est proposé aient la capacité d'offrir toute une gamme de services, y compris l'évaluation, la stabilisation, le traitement et le transfert de cas d'urgence jour et nuit, sept jours par semaine, et que cette capacité soit implantée avant d'effectuer la restructuration des services hospitaliers.	*Cette recommandation a été SUPPRIMÉE parce qu'on a remplacé le concept des centres de soins de santé primaires par les niveaux de soins hospitaliers désignés pour les hôpitaux ruraux dans le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord..*

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
24. On recommande que les centres de soins de santé primaires aient la capacité d'assurer une gamme de services jour et nuit, sept jours par semaine, et soient en mesure de garder des malades aux fins de la surveillance. La composition de l'équipe servant à décrire ces centres ainsi que les services particuliers que chacun d'entre eux fournira devrait être arrêtée par le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, en fonction des besoins des collectivités locales. À noter toutefois que la gamme des services à considérer devrait comprendre les services suivants : • *services de techniques spécialisées de maintien des fonctions vitales*, y compris la stabilisation et le transport des clients des services d'urgence et des soins définitifs pour les clients ayant besoin de soins relevant d'un médecin de soins primaires, d'une infirmière praticienne ou d'une infirmière spécialisée de salle d'urgence; • cliniques de consultation sans rendez-vous pour le traitement de maladies et de blessures qui ne menacent pas la vie et qui n'entraînent aucun risque de perte d'un membre, telles que les fractures, les fièvres et d'autres maladies ou blessures banales de l'enfance; • une zone de transition où l'on peut garder des clients pour les surveiller pendant une période allant jusqu'à 23 heures; • services de diagnostic, y compris les services de laboratoire, de radiographie et d'électrocardiographie (ECG); • visites périodiques chez le médecin; • soins avant et après l'accouchement seulement; • chirurgie ambulatoire qui peut se faire à l'aide d'une anesthésie locale; • cliniques de soins ambulatoires spécialisés, tels que les soins de podologie, qui puissent desservir toute la région; • services thérapeutiques ambulatoires, y compris la réadaptation des clients souffrant de maladies cardiaques ou respiratoires, ainsi que la physiothérapie, l'ergothérapie, etc.; • la coordination et la gestion des cas grâce à l'établissement des protocoles et des systèmes informatiques appropriés; • services offerts avant l'entrée à l'hôpital, tels que les essais et l'éducation préopératoires ainsi que les soins de suivi postopératoires; • un cadre pour d'autres programmes communautaires de services de santé et de services sociaux : cliniques orientées vers la promotion de la santé, l'éducation et la prévention; les services de counseling offerts en groupe ou individuellement pour prévenir les comportements à risque élevé; les groupes de soutien, etc. • ligne téléphonique d'information-santé; • liaisons au Centre d'accès aux soins communautaires (CASC) de la région, pour faciliter l'accès à des services appropriés de soins de longue durée; et • liaisons à des hôpitaux à proximité, pour assurer la prestation locale des services spécialisés.	*Cette recommandation a été SUPPRIMÉE parce qu'on a remplacé le concept des centres de soins de santé primaires par les niveaux de soins hospitaliers désignés pour les hôpitaux ruraux dans le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord.*

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
SOINS DE SANTÉ MENTALE TERTIAIRES / DE PLUS LONGUE DURÉE	**SOINS DE SANTÉ MENTALE TERTIAIRES / DE PLUS LONGUE DURÉE**
	Cette recommandation est NOUVELLE, et donne suite au premier rapport de la Commission de restructuration des services de santé concernant la région de Hamilton-Wentworth. Cette recommandation provient du Comité consultatif sur les services de santé mentale et des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord.
11. On recommande que le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, songe à la répartition convenable de ressources rapatriées au titre des services de santé mentale. Cette répartition devrait se faire en fonction des besoins de la population et suivant les impératifs de masse critique et d'accès aux services.	19. **On recommande que 53 lits de soins tertiaires de santé mentale soient déplacés de Hamilton à la région de Niagara, et que l'on mette sur pied un nouveau programme de soins tertiaires de santé mentale.**
	Cette recommandation est NOUVELLE, et donne suite au premier rapport de la Commission de restructuration des services de santé concernant la région de Hamilton-Wentworth. Cette recommandation s'inspire de commentaires provenant du Comité consultatif sur les services de santé mentale.
	20. On recommande que l'on considère la possibilité d'établir un régime de gouvernance autonome pour le nouveau programme de soins tertiaires de santé mentale, pour que ce programme puisse servir de tremplin pour la création d'une régie de services de santé mentale qui serait intégrée horizontalement et qui assurerait la direction générale des programmes et services communautaires, actifs et tertiaires de santé mentale dans la région de Niagara.
	Cette recommandation est NOUVELLE, et donne suite au premier rapport de la Commission de restructuration des services de santé concernant la région de Hamilton-Wentworth. Cette recommandation s'inspire de commentaires provenant du Comité consultatif sur les services de santé mentale.
	21. On recommande que l'on étudie une large gamme de modèles de gestion de programmes et de services en vue du développement du nouveau programme de soins tertiaires de santé mentale, et que l'on lance un appel de propositions pour la gestion du programme.

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
	Cette recommandation est NOUVELLE, et donne suite au premier rapport de la Commission de restructuration des services de santé concernant la région de Hamilton-Wentworth. Cette recommandation s'inspire de commentaires provenant du Comité consultatif sur les services de santé mentale. **22. On recommande que le nouveau service des soins tertiaires de santé mentale soit implanté à l'un des emplacements suivants :** • **à Port Colborne, à l'emplacement de l'Hôpital général de Port Colborne;** • **à Welland, à l'emplacement de l'Hôpital général du comté de Welland; ou** • **à St. Catharines, à l'emplacement de l'Hôpital Hôtel-Dieu.**
ADAPTATION DE LA MAIN-D'OEUVRE	**ADAPTATION DE LA MAIN-D'OEUVRE**
13. On recommande que le Conseil régional de santé de Niagara demande immédiatement, au ministère de la Santé, des fonds pour l'établissement d'un groupe consultatif ayant pour mandat d'élaborer une stratégie régionale d'adaptation des effectifs hospitaliers qui puisse assurer le traitement juste et équitable du personnel médical lors de la restructuration des hôpitaux. On devrait créer ce groupe consultatif sans tarder, et les membres du groupe devraient être en mesure de faire valoir les points de vue des syndicats, de la direction et des médecins.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».* 23. On recommande que le Conseil régional de santé de Niagara demande immédiatement, au ministère de la Santé, des fonds pour l'établissement d'un groupe consultatif ayant pour mandat d'élaborer une stratégie régionale d'adaptation des effectifs hospitaliers qui puisse assurer le traitement juste et équitable du personnel médical lors de la restructuration des hôpitaux. On devrait créer ce groupe consultatif sans tarder, et les membres du groupe devraient être en mesure de faire valoir les points de vue des syndicats, de la direction et des médecins.
14. On recommande que lors de l'élaboration d'une stratégie régionale d'adaptation des effectifs hospitaliers, le groupe consultatif du Conseil régional de santé de Niagara tienne compte, dans la mesure du possible, de l'intérêt de maintenir des équipes d'intervenants spécialisés dans le domaine des soins de santé.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».* 24. On recommande que lors de l'élaboration d'une stratégie régionale d'adaptation des effectifs hospitaliers, le groupe consultatif du Conseil régional de santé de Niagara tienne compte, dans la mesure du possible, de l'intérêt de maintenir des équipes d'intervenants spécialisés dans le domaine des soins de santé.

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
RÉINVESTISSEMENTS	**RÉINVESTISSEMENTS**
25. On recommande que l'on fasse les réinvestissements nécessaires dans les services non hospitaliers, remplissant ainsi une condition préalable de la mise en oeuvre du plan de restructuration proposé.	*Cette recommandation a été développée à partir de celle des « conseils définitifs » pour tenir compte des besoins actuels en réinvestissement. L'ajout se fonde sur des données communiquées par le Comité consultatif sur les soins de longue durée.* 25. On recommande que l'on fasse les réinvestissements nécessaires dans les services non hospitaliers, remplissant ainsi une condition préalable de la mise en oeuvre du plan de restructuration proposé, comme suit : • **Programmes hospitaliers de soins gériatriques de jour : 2,3 millions de dollars;** • **Services gériatriques - 2,6 millions de dollars;** • **Soins à domicile - 4,4 millions de dollars;** • **Services d'urgence pré-hospitaliers - 1,9 million de dollars; et** • **Soins palliatifs - 1,5 million de dollars.**
26. On recommande que l'on effectue les mises de fonds nécessaires dans la construction des immobilisations et dans les projets de rénovation, remplissant ainsi une autre condition préalable de la mise en oeuvre du plan de restructuration proposé.	*Cette recommandation a été développée à partir de celle des « conseils définitifs » pour tenir compte du besoin actuel en réinvestissement. L'information supplémentaire provient des tribunes des intervenants clés concernant le Plan visant l'accès aux services de santé dans les collectivités rurales et du Nord. Pour arriver au total indiqué, on a ajouté 12 millions de dollars, qui représentent le coût estimatif de l'extension de l'emplacement de l'Hôpital Shaver, au total original de 72,7 millions de dollars.* 26. On recommande que l'on effectue les mises de fonds nécessaires dans la construction des immobilisations et dans les projets de rénovation, **soit un total de 84,7 millions de dollars**, remplissant ainsi une autre condition préalable de la mise en oeuvre du plan de restructuration proposé.
27. On recommande qu'on ne donne suite à aucune recommandation portant directement sur la restructuration des hôpitaux avant que les réinvestissements stratégiques recommandés ne soient effectués.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».* 27. On recommande qu'on ne donne suite à aucune recommandation portant directement sur la restructuration des hôpitaux avant que les réinvestissements stratégiques recommandés ne soient effectués.

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
	Cette recommandation est NOUVELLE, et concerne particulièrement les soins à domicile ainsi que les soignants et les soutiens communautaires connexes. La recommandation s'inspire de commentaires provenant du Comité consultatif sur les soins de longue durée. **28. On recommande que pour donner suite aux directives provisoires de planification de la Commission de restructuration des services de santé, et dans le même esprit que celui de la recommandation 25, on fasse, dans les services de soins à domicile pour malades n'ayant plus besoin de soins actifs, les réinvestissements nécessaires pour contrebalancer les retombées de la restructuration des hôpitaux. Il faudra faire également des réinvestissements pour les soignants et soutiens communautaires connexes.**
	Cette recommandation est NOUVELLE, et concerne particulièrement les places destinées aux soins de longue durée. La recommandation s'inspire de commentaires provenant du Comité consultatif sur les soins de longue durée. **29. On recommande que pour donner suite aux directives préliminaires et provisoires de planification de la Commission de restructuration des services de santé, des ressources soient réinvesties pour financer au moins 1 872 places supplémentaires pour les bénéficiaires de soins de longue durée, y compris 468 lits additionnels dans des établissements de soins de longue durée et les moyens de soutien nécessaires pour assurer les services de réadaptation connexes.**
28. On recommande que le ministère de la Santé approuve la proposition du Comité directeur des services régionaux de soins palliatifs de Niagara, voulant qu'on implante 20 lits d'hospice dans la région et réinvestisse à cette fin, à même les économies découlant de la restructuration des hôpitaux, des fonds annuels de fonctionnement de 1,5 million de dollars, qui constituent une partie des frais annuels globaux de 2,49 millions de dollars qui, estime-t-on, seront nécessaires pour améliorer les soins palliatifs.	*Cette recommandation a été modifiée légèrement par rapport à celle des « conseils définitifs », telle qu'indiquée. On a effectué cette modification afin de donner un caractère uniforme aux recommandations de la présente section.* 30. On recommande que le ministère de la Santé approuve la proposition du Comité directeur des services régionaux de soins palliatifs de Niagara, voulant qu'on implante 20 lits d'hospice dans la région et réinvestisse les fonds annuels de fonctionnement **qui sont précisés à la recommandation 25.**

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
	Cette recommandation a été développée, telle qu'indiquée, pour tenir compte des besoins des personnes incapables de se servir d'un service de navette traditionnel, et l'on a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ». L'ajout s'inspire de commentaires provenant du Comité consultatif sur les soins de longue durée.
29. On recommande que le ministère de la Santé, en consultation avec le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, fasse une allocation appropriée de fonds pour faire fonctionner un service de navette parmi les établissements hospitaliers, pour que les résidents de toutes les municipalités aient accès à tous les niveaux de soins hospitaliers. Il est indispensable que l'on achève une étude de faisabilité et implante les ressources nécessaires pour assurer le fonctionnement de ce service avant toute restructuration des services hospitaliers.	31. On recommande que le ministère de la Santé, en consultation avec le conseil d'administration de l'Hôpital de Niagara, dont l'établissement est proposé, fasse une allocation appropriée de fonds pour faire fonctionner un service de navette parmi les établissements hospitaliers, pour que les résidents de toutes les municipalités aient accès à tous les niveaux de soins hospitaliers. Il est indispensable que l'on achève une étude de faisabilité et implante les ressources nécessaires pour assurer le fonctionnement de ce service avant toute restructuration des services hospitaliers. **Le service de navette devrait travailler en étroite collaboration avec le Comité des transports de l'organisme Mobility Niagara, afin de trouver des solutions rentables permettant d'offrir des services de transport aux personnes ayant des besoins spéciaux dans ce domaine, pour que celles-ci puissent accéder ainsi à des services de santé soit dans la communauté, soit en milieu hospitalier.**
AUTRES RECOMMANDATIONS	**SERVICES EN FRANÇAIS**
	Cette recommandation est la même qu'on retrouve dans les « conseils définitifs », à cela près que l'on a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ».
30. On recommande que le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, envisage la prestation des services en français dans tous les emplacements d'hôpitaux et centres de soins de santé primaires où une telle prestation serait opportune et cadrerait avec le Plan des services en français du Conseil régional de santé de Niagara.	32. On recommande que le conseil d'administration de l'Hôpital de Niagara, dont l'établissement est proposé, envisage la prestation des services en français dans tous les emplacements d'hôpitaux et centres de soins de santé primaires où une telle prestation serait opportune et cadrerait avec le Plan des services en français du Conseil régional de santé de Niagara.

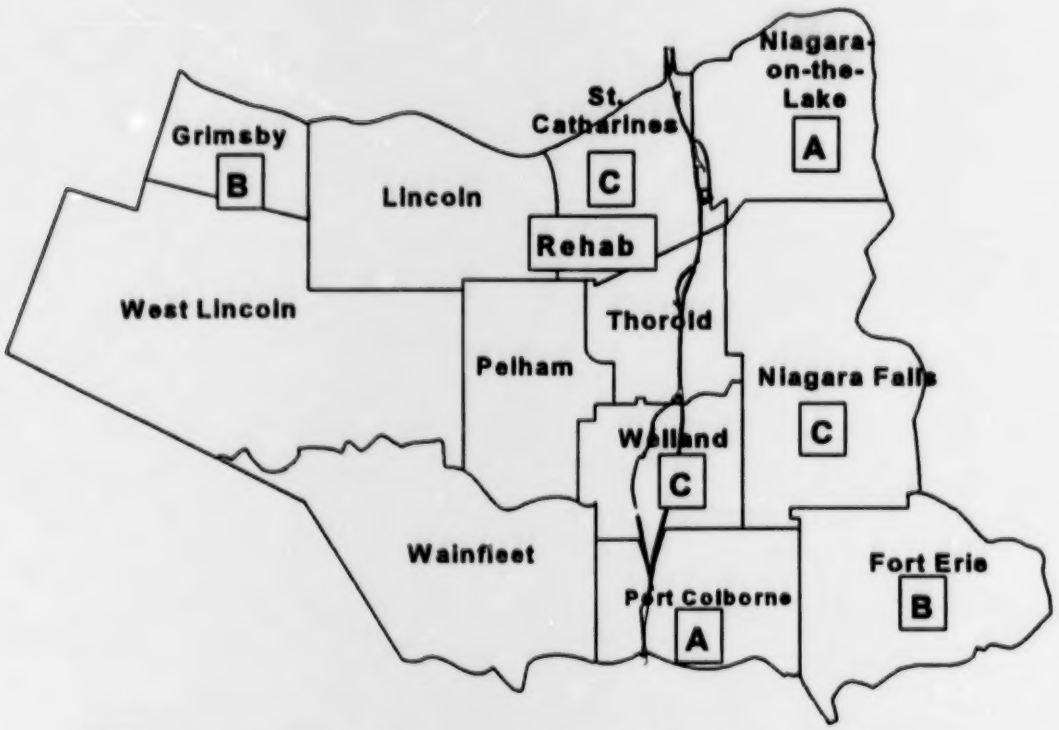
RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
QUESTIONS DE MISE EN OEUVRE	**QUESTIONS DE MISE EN OEUVRE**
	Cette recommandation est la même qu'on retrouve dans les « conseils définitifs », à cela près que l'on a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ».
32. On recommande que lors de la phase de mise en oeuvre de la restructuration des services hospitaliers, telle que proposée, le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, réduise au minimum les interruptions de service par rapport à tous les programmes et services hospitaliers.	33. On recommande que lors de la phase de mise en oeuvre de la restructuration des services hospitaliers, telle que proposée, le conseil d'administration de l'Hôpital de Niagara, dont l'établissement est proposé, réduise au minimum les interruptions de service par rapport à tous les programmes et services hospitaliers.
	Cette recommandation a été développée, telle qu'indiquée, pour tenir compte des services informatiques dans les services de santé communautaires. L'ajout s'inspire de commentaires provenant du Comité consultatif sur les soins de longue durée.
31. On recommande la réalisation, à l'échelle de la région, d'une étude d'analyse des besoins et de planification concernant l'information-santé et les technologies de la communication, et que cette étude fasse partie intégrante de la mise en oeuvre du plan de restructuration.	34. On recommande la réalisation, à l'échelle de la région, d'une étude d'analyse des besoins et de planification concernant l'information-santé et les technologies de la communication, et que cette étude fasse partie intégrante de la mise en oeuvre du plan de restructuration. **L'étude devrait traiter notamment du développement des systèmes informatiques dans les services de santé communautaires, et plus particulièrement dans les établissements des soins de longue durée, dans le but d'assurer les liaisons appropriées avec les systèmes informatiques des hôpitaux.**

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
INCIDENCE SUR LES SERVICES COMMUNAUTAIRES	**INCIDENCE SUR LES SERVICES COMMUNAUTAIRES**
33. On recommande que le conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara, dont l'établissement est proposé, travaille avec le Conseil régional de santé de Niagara, le Service d'évaluation du développement des enfants, le Service de consultation en autisme et des représentants locaux du ministère des Services sociaux et communautaires, afin d'élaborer des modalités de rechange pour la prestation des services communautaires au cas où la mise en oeuvre de la restructuration des hôpitaux modifierait les lieux de prestation de ces services.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs », à cela près que l'on a retranché le terme « centre de soins de santé primaires » de l'expression originale, « conseil d'administration de l'Hôpital et centre de soins de santé primaires de Niagara ».* 35. On recommande que le conseil d'administration de l'Hôpital de Niagara, dont l'établissement est proposé, travaille avec le Conseil régional de santé de Niagara, le Service d'évaluation du développement des enfants, le Service de consultation en autisme et des représentants locaux du ministère des Services sociaux et communautaires, afin d'élaborer des modalités de rechange pour la prestation des services communautaires au cas où la mise en oeuvre de la restructuration des hôpitaux modifierait les lieux de prestation de ces services.
34. On recommande que toute instance régionale ou municipale chargée de la gestion ou du financement de services relatifs à la santé dans la région de Niagara soit tenue responsable du respect ou de l'amélioration des normes provinciales en matière de soins, et que ces normes soient appliquées de manière uniforme à travers la région, comme il se doit.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».* 36. On recommande que toute instance régionale ou municipale chargée de la gestion ou du financement de services relatifs à la santé dans la région de Niagara soit tenue responsable du respect ou de l'amélioration des normes provinciales en matière de soins, et que ces normes soient appliquées de manière uniforme à travers la région, comme il se doit.
MÉTHODOLOGIE DE L'ÉTUDE	**ÉTUDES SUPPLÉMENTAIRES REQUISES**
35. On recommande que le Conseil régional de santé de Niagara se mette à planifier l'implantation, dans les deux prochaines années, d'un réseau intégré de prestation de soins de santé dans la région de Niagara.	*Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».* 37. On recommande que le Conseil régional de santé de Niagara se mette à planifier l'implantation, dans les deux prochaines années, d'un réseau intégré de prestation de soins de santé dans la région de Niagara.

RECOMMANDATIONS DES CONSEILS DÉFINITIFS	RECOMMANDATIONS MODIFIÉES
	Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».
36. On recommande qu'un organisme disposant d'un mandat provincial, tel que le Comité mixte des politiques et de la planification de l'Association des hôpitaux de l'Ontario et du ministère de la Santé, effectue une analyse, à l'échelle de la province, des niveaux actuels de financement des soins de santé par habitant. Cette étude devrait expliquer les différences dans l'accès aux services de santé (dont les services hospitaliers), la distribution des âges et des sexes dans une population donnée, et tout autre facteur, tel la disponibilité des services communautaires de santé et des médecins de famille, qui puisse contribuer aux variations dans les utilisations des services de santé. Nous recommandons par ailleurs que cette analyse soit achevée **avant** toute restructuration des services hospitaliers dans la région de Niagara.	38. On recommande qu'un organisme disposant d'un mandat provincial, tel que le Comité mixte des politiques et de la planification de l'Association des hôpitaux de l'Ontario et du ministère de la Santé, effectue une analyse, à l'échelle de la province, des niveaux actuels de financement des soins de santé par habitant. Cette étude devrait expliquer les différences dans l'accès aux services de santé (dont les services hospitaliers), la distribution des âges et des sexes dans une population donnée, et tout autre facteur, tel la disponibilité des services communautaires de santé et des médecins de famille, qui puisse contribuer aux variations dans les utilisations des services de santé. Nous recommandons par ailleurs que cette analyse soit achevée **avant** toute restructuration des services hospitaliers dans la région de Niagara.
QUESTIONS DE FINANCEMENT	**QUESTIONS DE FINANCEMENT**
	Cette recommandation est la même qu'on retrouve dans les « conseils définitifs ».
38. On recommande que le ministère de la Santé fasse en sorte que le gouvernement provincial paie toutes les dépenses en immobilisations qui seront nécessaires pour mettre en oeuvre la restructuration des hôpitaux dans la région de Niagara.	39. On recommande que le ministère de la Santé fasse en sorte que le gouvernement provincial paie toutes les dépenses en immobilisations qui seront nécessaires pour mettre en oeuvre la restructuration des hôpitaux dans la région de Niagara.
37. On recommande que le gouvernement provincial abandonne son projet de réduire les crédits accordés aux hôpitaux pour l'exercice 1998-1999	*Cette recommandation a été SUPPRIMÉE parce que ce but a déjà été atteint.*
CONSÉQUENCES POUR L'ÉCONOMIE LOCALE	
12. On recommande que lors de l'élaboration d'une politique en matière de services de santé ruraux, le ministère de la Santé tienne compte des retombées économiques de la fermeture des hôpitaux dans de petites collectivités se trouvant dans des régions à forte urbanisation, telles que Niagara.	*Cette recommandation a été SUPPRIMÉE parce que la politique sur les soins de santé en milieu rural et dans le Nord a déjà été formulée.*

MAP #1
HOSPITAL CONFIGURATION AS PER
FINAL ADVICE REPORT (MARCH 1997)

MAP #2
HOSPITAL CONFIGURATION AS PER FINAL RECOMMENDATIONS TO THE NIAGARA DISTRICT HEALTH COUNCIL (MARCH 1998)



A **Level A hospitals: emergency and primary health care, no inpatient beds.**

B **Level B hospitals: emergency, primary and some secondary-level services with inpatient beds.**

C **Level C hospitals: emergency, primary, secondary and some tertiary-level services with inpatient beds.**

Rehab **Complex continuing care and rehabilitation hospital with inpatient beds.**